

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017615

1. Entity Name

FAR BEST SOLUTIONS, INC.

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90226 006 \*\*\*150.00

Principal Place of Business

23 EAST TARPON AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

23 EAST TARPON AVENUE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

8147 Marchant Drive

3. Mailing Address

8147 Marchant Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3629916

Applied For

Not Applicable

Zip

Country

34653

US

Zip

Country

34653

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N  
23 EAST TARPON AVENUE  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULTZ, PHILLIP	
STREET ADDRESS	23 EAST TARPON AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip Fultz	
STREET ADDRESS	8147 Marchant Drive	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	DIST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty A. Robison	
STREET ADDRESS	8147 Marchant Drive	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip A Fultz, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 727 841 8711

Date

Daytime Phone #

CR2E034 (10/00)