7/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 1? AM 11: 10
07-16-2002 90355 036 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40291

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000056159

1. Entity Name

BEST SOURCE HOLDINGS, INC.

Principal Place of Business	Mailing Address
12000 N DALE MABRY HIGHWAY SUITE 140 TAMPA FL 33618	PO BOX 273595 TAMPA FL 33688

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADERHOLD, KELLY ~~4904 COUNTRY AIRE LANE~~ 8917 Beeler Drive TAMPA FL ~~33624~~ 33626	Name Aderhold, Kelley Street Address (P.O. Box Number is Not Acceptable) 8917 Beeler Drive City TAMPA Fl 33626 FL Zip Code 33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 13, 2002 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ADERHOLD, KELLEY A PRESIDE ~~4904 COUNTRY AIRE LANE~~ 8917 Beeler Drive TAMPA FL ~~33624~~ 33626 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition 8917 BeelerDrive TAMPA Fl 33626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (4/02)

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: Kelley A Aderhold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

7/9/12

40291 / P000000561599 [redacted]

To Whom Concerned,

This is the only notice I received stating a fee is due. The corporation did not receive any prior notice. So following the instructions stated under FAQ # 8. I'M sending the original @ 150.00 Filing Fee

Thank you,

Kelley Caldwell
PO Box 273595
Tampa Fl 33688
Phone 813-792-7577

[redacted]