

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90112 016 \*\*\*150.00

DOCUMENT # P00000080712

1. Entity Name

BEST MANUFACTURER REPS OF FLORIDA, INC.



Principal Place of Business

3948 SUNBEAM ROAD  
SUITE 2  
JACKSONVILLE FL 32257

Mailing Address

3948 SUNBEAM ROAD  
SUITE 2  
JACKSONVILLE FL 32257

2. Principal Place of Business

6971-2 BUSINESS PARK BLVD  
Suite, Apt. #, etc.

3. Mailing Address

6971-2 BUSINESS PARK BLVD  
Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3673115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLINSON, H. RICHARD  
3948 SUNBEAM ROAD  
#2  
JAX FL 32257

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

SIGNATURE

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

PAT ELLINSON VP

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME ELLINSON, H. RICHARD  
STREET ADDRESS 3948 SUNBEAM ROAD, #2  
CITY-ST-ZIP JAX FL 32257

TITLE VP ☐ Delete

NAME ELLINSON, PATRICIA L  
STREET ADDRESS 3948 SUNBEAM ROAD, #2  
CITY-ST-ZIP JAX FL 32257

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

904

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT ELLINSON VP 2/21/03 268-3357

Date

Daytime Phone #