

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90040 020 \*\*\*150.00

DOCUMENT # **P01000000754** ✓

**Best Autos OF TAX, INC.**

**DO NOT WRITE IN THIS SPACE**

**662631**

|                                |         |                     |         |                                                                                              |  |                          |  |
|--------------------------------|---------|---------------------|---------|----------------------------------------------------------------------------------------------|--|--------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. -FI Number                                                                                |  | Applied to<br>New Agency |  |
| Subs. Agent, etc.              |         | State, Apt. #, etc. |         |                                                                                              |  |                          |  |
| City & State                   |         | City & State        |         |                                                                                              |  |                          |  |
| zip                            | Country | zip                 | Country |                                                                                              |  |                          |  |
|                                |         |                     |         | 5. Certificate of Status Fee, <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                          |  |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address, P.O. Box Number, etc. (include apt. #)

City

**FL**

Zip Code

8. The above information is being furnished for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. The corporation is eligible to qualify its franchise  
for filing requirements and disclosure to  
(see statute on file) ☐

January 1st to May 1st Fee is \$400.00  
After May 1st Fee is \$600.00  
Amount Due: \$600.00  
Make Check Payable to Department of State

10. Merit Commission Filing  
Fees for Conditions ☐

**\$5.00** May 1  
Added to Fees

| 11. OFFICERS AND DIRECTORS |      |                |      |
|----------------------------|------|----------------|------|
| III                        | NAME | III            | NAME |
| STREET ADDRESS             |      | STREET ADDRESS |      |
| CITY & STATE               |      | CITY & STATE   |      |
| III                        | NAME | III            | NAME |
| STREET ADDRESS             |      | STREET ADDRESS |      |
| CITY & STATE               |      | CITY & STATE   |      |
| III                        | NAME | III            | NAME |
| STREET ADDRESS             |      | STREET ADDRESS |      |
| CITY & STATE               |      | CITY & STATE   |      |
| III                        | NAME | III            | NAME |
| STREET ADDRESS             |      | STREET ADDRESS |      |
| CITY & STATE               |      | CITY & STATE   |      |
| III                        | NAME | III            | NAME |
| STREET ADDRESS             |      | STREET ADDRESS |      |
| CITY & STATE               |      | CITY & STATE   |      |

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I hereby certify that the information furnished with this filing does not conflict with the information furnished in the report or supplemental report on annual accounts and that my signature shall have the same legal effect as if made under oath. I declare under penalty of perjury that the information is true and correct to the best of my knowledge and belief.

SIGNATURE:

*John S. Ford* President

4-30-02