

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

DOCUMENT # **001.000035764**

1. Entity Name

IT DOESNT GET ANY BETTER THAN THIS INC.

FILED

02 DEC -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2307-64th ST CT EAST

Suite, Apt. #, etc.

3. Mailing Address

2307-64th ST CT EAST

Suite, Apt. #, etc.

Bradenton FL

City & State

FL

City & State

Bradenton FL

Zip

34208

Country

AMERICA

Zip

34208

Country

4. FEI Number

651116384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LISA ANN EIB

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

2307-64th ST CT EAST

Bradenton

City

FL

Zip Code

34208

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)

11-25-02
DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LISA ANN EIB 2307-64th ST CT EAST Bradenton FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500009333205 12/04/02--01009--009 **150.00
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02 941-915-2304
Date Daytime Phone #

CR2E034B (12/01)

10/26/02

To whom it may concern
I am new at having
a corporation. This is my first
time. I was not aware of the
annual report. I did not receive
anything but the Dissolution papers.
I went to my CPA, to ask
what this was all about. She
explained it to me. Please
reinstate my corporation. I'm
a single mom and this is
my only means of income.

Thank you Very Much
Jana L.
President, FOGABTI Inc.

Document Number PO1000035764