

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91626 017 \*\*\*150.00

**DOCUMENT # P01000039367**

1. Entity Name

**BEST REAL ESTATE SOLUTIONS, INC.**

Principal Place of Business

**5512 TIMBER CREEK DR  
 PACE FL 32571**

Mailing Address

**5512 TIMBER CREEK DR  
 PACE FL 32571**

2. Principal Place of Business

**4000 HIGHWAY 90**

Suite, Apt. #, etc.

**SUITE F**

City & State

**PACE, FL.**

Zip

**32571**

Country

**USA**

3. Mailing Address

**4000 HWY 90**

Suite, Apt. #, etc.

**SUITE F**

City & State

**PACE, FL.**

Zip

**32571**

Country

**USA**

4. FEI Number

**59-3711488**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**OLSEN, WARREN F  
 5512 TIMBER CREEK DR  
 PACE FL 32571**

7. Name and Address of New Registered Agent

Name

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

**4000 HIGHWAY 90**

**SUITE F**

City

**PACE**

**FL**

Zip Code

**32571**

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, 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, 2002 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          | PTD                  | <input type="checkbox"/> Delete |
| NAME           | OLSEN, WARREN F      |                                 |
| STREET ADDRESS | 5512 TIMBER CREEK DR |                                 |
| CITY-ST-ZIP    | PACE FL 32571        |                                 |
| TITLE          | VSD                  | <input type="checkbox"/> Delete |
| NAME           | SERVAES, JAMES N     |                                 |
| STREET ADDRESS | 5982 TWIN OAKS DR    |                                 |
| CITY-ST-ZIP    | PACE FL 32571        |                                 |
| 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          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS | 4000 HIGHWAY 90, SUITE F |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS | 4000 HIGHWAY 90, SUITE F |  |
| 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    |                          |  |
| 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 30, 2002**

Date

**850-994-6430**

Daytime Phone #

CR2E034 (9/01)