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	Mailing Address
5512 TIMBER CREEK DR PACE FL 32571	5512 TIMBER CREEK DR PACE FL 32571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4000 HIGHWAY 90	4000 HWY 90
Suite, Apt. #, etc. SUITE F	Suite, Apt. #, etc. SUITE F
City & State PACE, FL	City & State PACE, FL.
Zip 32571 Country USA	Zip 32571 Country USA

4. FEI Number 59-3711488 ☐ 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
OLSEN, WARREN F 5512 TIMBER CREEK DR PACE FL 32571	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 stat[illegible] for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, type or print 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD OLSEN, WARREN F 5512 TIMBER CREEK DR PACE FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4000 HIGHWAY 90, SUITE F
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SERVAES, JAMES N 5982 TWIN OAKS DR PACE FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4000 HIGHWAY 90, SUITE F
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 April 30, 2002 850-994-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)