2002 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

SIGNATURE

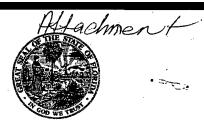
Aug 01, 2002 8:00 am Secretary of State P01000074715 DOCUMENT # 05-19-2002 90243 009 ***150.00 BEST OPTION NOW, INC. Mailing Address Principal Place of Business 17038 OTTO LN 17038 OTTO LN 40340 HUDSON FL 34667 HUDSON FL-34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 02-0541309 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, HYACINTH Street Address (P.O. Box Number is Not Acceptable) 17038 OTTO LN HUDSON FL 34667 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (4/02)☐ Change ☐ Addition Delete TITLE TITLE PRICE, HYACINTH NAME NAME **CR2E034** 17038 OTTO LN STREET ADDRESS STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE

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 their 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

FILED

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	TON NOW, INC.				Htachr	nent	
Principal Place	e of Business	-™ Mailing Address			11100911	$N^{O/1}$	
17028 OFTO LN HUDSON FL 34667		17039 OTTO LN HUDSON FL 34667					
2. Principal P	lace of Business	3. Mailing Address	·			S .	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4. [4. FEI Number V Applied For 0.2 - 0.5 4:13 0.9 2:41 1 1 2 Not Applicable		
Zip	Country	Zip`	Country	5. (Certificate of Status Desired	nał	
	6. Name and Address of Current I	Registered Agent		7. 1	Name and Address of New Registered Agem		
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PRICE, HY			Street Ad	dress (P.O. B	Box Number is Not Acceptable)		
					i		
HUDSON	TL 34007		City		FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or r	egistered ag	gent, or both, in the State of Florida.		
					*		
SIGNATÜRE .	Signature, typed or primed name of registered agent a	ind title If applicable. (NOT)	E: Registered Agent signatur	e required when n	enstaing) DATE		
9. This corpo Tax filing t (See criter		!! FEE IS \$150.0 02 Fee will be \$55 de to Department	i0.00 of State	19. Election Campaign Financing \$5.00 Added to	Fees		
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS II	Addition 5	
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ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS GITY-ST-ZIP			Addition	
13. I hereby indicated	certify that the information supplied with d on this report or supplemental report is progration or the receiver or trustee emports, or on an attachment with an address.	this filing does not qualify for true and accurate and that re- twered to execute this report with all other like empowered	r the exemption state my signature shall ha as required by Char	d in Section ve the same oter 607, Flori	119.07(3)(i), Florida Statutes. I further certify that the info legal effect as if made under eath; that I am an officer or ida Statutes; and that my name appears in Block 11 or Bi 7.2.7	_ {	
SIGNAT	TURE: LOCALINE AND TYPED OR	PRIPARE OF MICHING OFFICER	RED OR DIRECTOR		04/30/92 4919-	8453	



40340

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 1, 2002

BEST OPTION NOW, INC. 17038 OTTO LN HUDSON, FL 34667

Subject: BEST OPTION NOW, INC.

Reference Number:

1901000074715

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION