

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000102478

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: ALWAYS THE BEST STUFF, INC.

Current Principal Place of Business:

2201 NE 18TH AVE
WILTON MANORS, FL 33305

New Principal Place of Business:

108 SE 1ST STREET
FT. LAUDERDALE, FL 33301

Current Mailing Address:

2201 NE 18TH AVE
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEPLS, MATTHEW
2201 NE 18TH AVE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEEPLES, MATTHEW
Address: 2201 NE 18TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: VD (X) Delete
Name: PEEPLES, MARK
Address: 2201 NE 18TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: PEEPLES, BOB R
Address: 2201 NE 18TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: TD () Delete
Name: PEEPLES, VICKI
Address: 2201 NE 18TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: SD (X) Delete
Name: CUMBIE, GREGORY
Address: 2201 NE 18TH AVE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW PEEPLES

PD

04/24/2002

Electronic Signature of Signing Officer or Director

Date