2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000045321

Name:

Address: City-St-Zip: HAYNIE, DAPHNE

316 N W 42ND TERRACE

PLANTATION, FL 33317

Entity Name: BEST CHANCE ENTERPRISES, INC.

FILED Apr 04, 2003 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
	26TH TERRACE ERDALE, FL 33311			
Current M	ailing Address:	New Mailing Addre	New Mailing Address:	
	26TH TERRACE ERDALE, FL 33311			
FEI Number	FEI Number Applied F	or (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered A	gent: Name and Address	Name and Address of New Registered Agent:	
1821 N W FT. LAUDI	ARGARET H 26TH TERRACE ERDALE, FL 33311	t for the purpose of changing its register	red office or registered agent, or both	
in the State	e of Florida.	tion the purpose of changing its register	ed office of registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Regis	tered Agent	Date	
	mpaign Financing Trust Fund Contributio	• •	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete BIRCH, MARGARET H 1821 N W 26TH TERRACE FT. LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete HAYNIE, WALTER R II 316 N W 42ND TERRACE PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET H. BIRCH P 04/04/2003