

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05/1888 AV

DOCUMENT # P02000049494

1. Entity Name
BETTER BUSINESS BROKERS, INC.



05-05-2003 91908 015 ***150.00

Principal Place of Business
**7 EAST SILVER SPRINGS BLVD. STE 204
OCALA FL 34470**

Mailing Address
**7 EAST SILVER SPRINGS BLVD. STE 204
OCALA FL 34470**



2. Principal Place of Business
2400 SE CR 21-B
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1730
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Melrose, FL
Zip
32666 Country
USA

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Melrose, FL
Zip
32666 Country
USA

4. FEI Number
50-0000579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENDERSON, KATHY A
7 EAST SILVER SPRINGS BLVD, STE 204
OCALA FL 34470

7. Name and Address of New Registered Agent

Name
(SAME) Henderson, Kathy A.
Street Address (P.O. Box Number is Not Acceptable)
2400 SE CR 21-B
City
Melrose, FL Zip Code
32666

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, KATHY A 7 EAST SILVER SPRINGS BLVD, STE 204 OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBBS, JOYCE 7 EAST SILVER SPRINGS BLVD, STE 204 OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) D HENDERSON, Kathy A. 2400 SE CR 21-B Melrose FL 32666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) D DOBBS, Joyce 2400 SE CR 21-B Melrose, FL 32666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(Signature Required) Kathy Henderson** **4-28-03** **(352) 475-5284**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)