

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90996 014 ***150.00

DOCUMENT # P02000055366



1. Entity Name
PHILIPPINES' BEST INC

Principal Place of Business
**6449 21ST STREET N
SAINT PETERSBURG FL 33702**

Mailing Address
**6449 21ST STREET N
SAINT PETERSBURG FL 33702**

2. Principal Place of Business
6725 49th ST. N

3. Mailing Address
6725 49th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

4. FEI Number
02-0600701

Applied For
Not Applicable

Zip
33781

Country
Pinellas

Zip
33781

Country

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

**HADDEN, VILMA
6449 21ST STREET N
SAINT PETERSBURG FL 33702**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HADDEN, VILMA
6449 21ST STREET N
SAINT PETERSBURG FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
BICKEL, JESSICA
546 ATWOOD AVENUE N
SAINT PETERSBURG FL 33072**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAIRBANKS, JOSEPH
1980 71ST AVENUE N
SAINT PETERSBURG FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Vilma F. Hadden* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **VILMA F. HADDEN** **4/3/03** **727 525-2374**

Date

Daytime Phone #

CR2E034 (10/02)