

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91888 044 ***158.75

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DOCUMENT # P02000056080

1. Entity Name
PRO BEST, INC.



Principal Place of Business
**2860 FIREHOUSE RD.
DELAND FL 32720**

Mailing Address
**3390 PHONETIA DR.
DELTONA FL 32738**

11040457



2. Principal Place of Business

2860 Fire House rd
Suite, Apt. #, etc.

3. Mailing Address

3390 Phonetia Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Deland Fla
Zip

City & State

Deltona FL 327
Zip

4. FEI Number

35# 152-66-2118

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANENBERG, NICHOLAS
3390 PHONETIA DR.
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name
Nicholas Hanenberg
Street Address (P.O. Box Number is Not Acceptable)
3390 Phonetia Dr
City
Deltona FL Zip Code
32738

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

5-1-03

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
**CEO
HANENBERG, NICHOLAS
3390 PHONETIA DR.
DELTONA FL 32738** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5201-03386-747-0489

Date Daytime Phone #

CR2E034 (10/02)