

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90155 020 ***150.00

DOCUMENT # P92000004263

1. Entity Name
BEST BOOKKEEPING AND TAX SERVICE, INC.



Principal Place of Business
15660 SAN CARLOS BLVD
#32
FT. MYERS FL 33908

Mailing Address
15660 SAN CARLOS BLVD
#32
FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

PO Box 101430

Suite, Apt. #, etc.

Cape Coral FL

City & State

33910-1430

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0381997**

Applied For

Not Applicable

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

VOSS, JAMES
15660 SAN CARLOS BLVD # 32
FT. MYERS FL 33908

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 | P | <input type="checkbox"/> Delete |
| NAME | VOSS, JAMES | |
| STREET ADDRESS | 15660 DAN CARLOS BLVD #32 | |
| CITY-ST-ZIP | FT. MYERS FL 33908 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | VOSS, PEGGY | |
| STREET ADDRESS | 15660 SAN CARLOS BLVD #32 | |
| CITY-ST-ZIP | FT. MYERS FL 33908 | |
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| CITY-ST-ZIP | | |

CR2E034 (10/02)

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

1-11-03

Date

234-466-6220

Daytime Phone #