

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007206

1. Entity Name

BEST THRIFT, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90025 046 ***150.00

Principal Place of Business

Mailing Address

5016 10TH AVE E
TAMPA FL 33619
US

5016 10TH AVE EAST
TAMPA FL 33619-2706
US

2. Principal Place of Business

3. Mailing Address

4978 E. BUSCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

4. FEI Number

59-3163164

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

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

CASTILLE, CRAIG
3437 BURLINGTON DR.
ORLANDO FL 32837

Name

CASTILLE, -CRAIG

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

5811 CEDAR PINE DRIVE

City

ORLANDO

FL

Zip Code

32819

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CASTILLE, CRAIG
3437 BURLINGTON DR.
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CASTILLE, CRAIG
5811 CEDAR PINE DR
ORLANDO, FLA 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HILLMAN, TONY
8015 HIBISCUS DR
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC/TREAS
HILLMAN, TONY
12337 PARK ST
SAN ANTONIO, FL 33576 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG CASTILLE

Date

3/30/00 813-983-0434

Daytime Phone #

CR2E034 (9/99)