

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90132 001 ***150.00

0056878 AV

DOCUMENT # P93000032125

1. Entity Name

BEST MANAGEMENT & CONSULTING SERVICES, INC.

Principal Place of Business

**2740 MASTERS BLVD
 NAVARRE FL 32566**

Mailing Address

**2740 MASTERS BLVD
 NAVARRE FL 32566**

2. Principal Place of Business

3039 Oak Pointe Dr.

Suite, Apt. #, etc.

3. Mailing Address

3039 Oak Pointe Dr.

Suite, Apt. #, etc.

City & State

Pensacola, FL.

City & State

Pensacola, FL.

Zip

32505

Country

USA

Zip

32505

Country

USA

4. FEI Number

59-3186823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BEST, REUBEN D
 2740 MASTERS BLVD
 NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name **REUBEN D. BEST**

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

3039 Oak Pointe Dr.

City **Pensacola**

FL

Zip Code

32505

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

Reuben D. Best, owner-president

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, 2002 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

TITLE **D** ☐ Delete
 NAME **BEST, REUBEN D**
 STREET ADDRESS **2740 MASTERS BLVD**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BEST, REUBEN D.**
 STREET ADDRESS **3039 Oak Pointe Dr.**
 CITY-ST-ZIP **PENSACOLA, FL, 32505**

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

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

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

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:

Reuben D. Best **Reuben D. Best**

2/23/02

850-857-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)