## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR

## **FILED** DOCUMENT # P94000051911 Mar 30, 2000 8:00 am **Secretary of State** BESTEST FRIENDS TOO, INC. 03-30-2000 90031 040 \*\*\*158.75 Principal Place of Business Mailing Address 1173 HILLSBORO MILE P O BOX 5940 L H P FL 33074-5940 HILLSBORO FL 33062 しいひょくくーー LIS Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-6149064 <u>Pourpano</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 30(o4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, RANDY Street Address (P.O. Box Number is Not Acceptable) 630 W SAMPLE RD POMPANO BEACH FL 33064 City 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete W. Sample Rd NAME NAME SMITH, GAROLD L STREET ADDRESS STREET ADDRESS 1173 HILLSBORO MILE 33064 CITY-ST-ZIP CITY-ST-ZIP HILLSBORO FL 33062 Change Addition ☐ Delete TITLE TITLE NAME SMITH, RANDY S NAME STREET ADDRESS 630 W SAMPLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME SMITH, LYNDA S 630 W. Sample Rd Pompono Beach, Fl STREET ADDRESS STREET ADDRESS 1173 HILLSBORO MILE CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BCH FL Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

racold L. Smith