

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042608

1. Entity Name

FLORIDA'S BEST PROPERTIES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90084 007 ***150.00

Principal Place of Business

Mailing Address

721 US #1
SUITE 223-4
NORTH PALM BCH FL 22408-519
US

12871 LA ROCHELLE CIR
PALM BCH GARDENS FL 33410-1414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0602003

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICE, TOM SR.
12871 LAROCHELLE CIR
PALM BEACH GARDENS FL 33410-1414

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.

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 | PVST | <input type="checkbox"/> Delete |
| NAME | RICE, TOM SR | |
| STREET ADDRESS | 12871 LAROCHELLE CI | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-1414 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RICE, PAMELA J | |
| STREET ADDRESS | 12871 LAROCHELLE CIR | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 33410-1414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (561) 6264600

CR2E034 (9/99)