2007	UNIFORM BUS	INESS KEPU	<u> </u>	UDK,	<u>, </u>				
1. Entity Nam	ne	00073945	± ≛			Fh sr			
THE BEST SELECTION OF ORLANDO, INC.					il VI:	FILED LORETARY OF STATE SION OF CORPORATION	1,,		
Principal Place of Business 997 WEST KENNEDY BLVD SUITE 65A ORLANDO FL 32810 US		Mailing Address 997 W. KENNEDY BLVD. SUITE 12 ORLANDO FL 32810				01 OCT 15 PM 12: 4 1			
2. Principal P	lace of Business	3. Mailing Address					96111 10609 (1114 <u>1</u>	Seall bient bill 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	е	City & State			4. F	FEI Number 59-3337030 Applied For Not Applicable			
Zip	Country	Zip	Country		5. C	ertificate of Status Desired	\$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
PAASCH, MICHAEL A ESQ.				Street Address (P.O. Box Number is Not Acceptable)					
225 E. ROBINSON STREET. Suite 603									
ORLANDO FL 32802				City FL Zip Code					
8. The above	named entity submits this statement fo	or the purpose of changing its	registered	office or re	egistered age	·	<u>- </u>		
SIGNATURE.									
JIGHATORE .	Signature, typed or printed name of registered agent				required when rei	nstating) DA	ATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 12	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta			I TUST FUND CONTIDUUM LI ADDED TO FERS I			
11.	OFFICERS AND	DIRECTORS ·	12.		ADI	DITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerger, Dennis 2628 Grandview San Diego Ca 92110	☐ Delete	TITLE NAME STREET A			20000465 -10/25/01- ****150.0	01081-	29 -017	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	7			☐ Chan	ge Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET A	ADDRESS	4	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	1		1 AMAN -	☐ Chan	ge Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	s true and accurate and that n owered to execute this report	ny signature as required	e shall hav	e the same le	egal effect as if made under oath; th	iat I am an offi	icer or director	

SIGNATURE:

The Best Selections of Orlando, Inc.

Florida Department of State Uniform Business Report 409 E. Gaines St P.O. Box 1500 Tallahassee, FL 32305-1500

Ref# P95000073945

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report along with a check for \$ 150.00. I understand that this form was due before May 1, 2001 in order to avoid a penalty fee of \$ 400.00, however, I'd like to request a waiver of this penalty because I did not receive this form for completion until late in August of this year.

Historically, we have demonstrated a reverance for the laws of Florida and in no way wish to dissolve this corporation at this time or in the immediate future. I would appreciate any assistance that you could offer to assist in a resolution in this matter.

Thank you for your consideration in this matter.

Respectfully,

Dennis Gerger President/Owner