

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90086 039 ***150.00

DOCUMENT # P95000093717

1. Entity Name

BEST FINANCIAL SERVICES, INC.

Principal Place of Business

**3078 WATSON DR 5
 JACKSONVILLE FL 32257
 US**

Mailing Address

**3078 WATSON DR 5
 JACKSONVILLE FL 32257-5807
 US**

2. Principal Place of Business

3501-103 CUMBERLAND CREEK RD 3501-103 CUMBERLAND CK RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RALEIGH NC

City & State

RALEIGH N.C.

Zip

27613

Country

WAKE

Zip

27613

Country

WAKE

4. FEI Number

59-3368359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEIR, KENNETH L
 3078 WATSON WAY
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **ALAN BEIR**

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

364 SOUTH MILL VIEW WAY

City

DA PONTE VEDRA BCH FL

Zip Code

32244

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

Alan M. Beir

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	BEIR, KENNETH L	
STREET ADDRESS	3078 WATSON DR. S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEIR, KENNETH L	
STREET ADDRESS	3078 WATSON DR. S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3501-103 CUMBERLAND CREEK RD	
CITY-ST-ZIP	RALEIGH, NC 27613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3501-103 CUMBERLAND CREEK RD	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth L Beir
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00 919-848-5081
 Date Daytime Phone #

CR 1014 (9/99)