## **FILED** Jan 29, 2008 8:00 am Secretary of State 01-29-2008 90015 023 \*\*\*150.00

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DOCUMENT # P96000018990 **BESTERFIELD CORPORATION** 40012403 Principal Place of Business Mailing Address % 215 NORTH EOLA DRIVE % 215 NORTH EOLA DRIVE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-3446526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YERGLER, JON C Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO, FL 32801 Zip Code City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE DEST Delete TITLE Change Addition BARNETT, BESTON NAME NAME STREET ADDRESS 215 NORTH EOLA DRIVE STREET ADDRESS ORLANDO, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition BARNETT, SIDNEY NAME NAME 215 NORTH EQLA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-7IP CITY-57-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is a frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supplied the corporation or the receiver changed, or on an attac SIGNATURE: