FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90813 001 ***211.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55037054

DOCUMENT # P96000087026

1. Entity Name
BEST FUNDING CORPORATION

Principal Place of Business	Mailing Address
1600 W. EAU GALLIE BLVD. SUITE 100 MELBOURNE, FL 32935	552 LAKE VICTORIA CIRCLE MELBOURNE, FL 32940 US

2. Principal Place of Business	3. Mailing Address
7520 N. Wickham Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne Fl	City & State: SAM
Zip: 32935 Country: USA	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3406703 ☐ Applied For ☐ Not Applicable

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
REECE, PAUL W 552 LAKE VICTORIA CIRCLE MELBOURNE, FL 32940	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul L Reece
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REECE, PAUL L	NAME	
STREET ADDRESS	552 LAKE VICTORIA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul L Reece 4/30/01 321-255-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #