

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-13-2000 90141 008 ***150.00

DOCUMENT # P97000016427

1. Entity Name
BEST VALUE GOLF PRODUCTS, INC.

| | |
|---|--|
| Principal Place of Business 440 E. BRANDON BLVD. BRANDON FL 33511 | Mailing Address 440 E. BRANDON BLVD. BRANDON FL 33511-5241 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 401 S. PARSONS AVE Suite, Apt. #, etc. SUITE G City & State BRANDON FL Zip 33511 Country HILLSBOROUGH | 3. Mailing Address 401 S. PARSONS AVE Suite, Apt. #, etc. SUITE G. City & State BRANDON FL Zip 33511 Country HILLSBOROUGH |
|--|---|

| | |
|--|--|
| 4. FEI Number 59-3432569 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GIBBS, WILLIAM E
11418 BLOOMINGDALE AVE.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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 *William E. Gibbs* **WILLIAM E. GIBBS** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 P | <input type="checkbox"/> Delete |
| NAME PREZIOSI, LOUIS | |
| STREET ADDRESS 440 E. BRANDON BLVD. | |
| CITY-ST-ZIP BRANDON FL 33511 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME GIBBS, WILLIAM E | |
| STREET ADDRESS 440 E. BRANDON BLVD. | |
| CITY-ST-ZIP BRANDON FL 33511 | |
| 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 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 | |
| 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: *William E. Gibbs* **WILLIAM E. GIBBS** DATE _____ DAYTIME PHONE # **813-655-3626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)