

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

0681191 FP

04-22-2003 90029 036 \*\*\*150.00

**DOCUMENT # P97000062420**

**1. Entity Name**  
**BEST WRITE, INC.**



**Principal Place of Business**  
1121 N ATLANTIC BLVD #104  
CORAL SPRINGS FL 33071

**Mailing Address**  
1121 N ATLANTIC BLVD #104  
CORAL SPRINGS FL 33071  
US



**2. Principal Place of Business**  
*2 Withersell Place*  
Suite, Apt. #, etc.

**3. Mailing Address**  
*2 Withersell Place*  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
*FRUITLAND PARK, FL*  
**Zip** *34731* **Country** *USA*

**City & State**  
*Fruitland Park, FL*  
**Zip** *34731* **Country** *USA*

**4. FEI Number** *59-3476142* **Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BEST, CAROL L** *None chgd by marriage*  
1121 N ATLANTIC BLVD #104 *Copy attached*  
CORAL SPRINGS FL 33071

**7. Name and Address of New Registered Agent**  
**Name** *Carol L. Sadler*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*2 Withersell Place*  
**City** *Fruitland Park* **FL** **Zip Code** *34731*

**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** *Carol L. Sadler, President* **DATE** *April 15, 03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>D</b> <b>BEST, CAROL L</b> <b>1121 N ATLANTIC BLVD #104</b> <b>CORAL SPRINGS FL 33071</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>President</i> <i>Carol L. Sadler</i> <i>2 Withersell Place</i> <i>Fruitland Park, FL 34731</i>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>Vice President</i> <i>Leslie A. Sadler</i> <i>2 Withersell Place</i> <i>Fruitland Park, FL 34731</i>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Carol L. Sadler* **REQUIRED** *April 15, 03 (32) 326-2291*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #

10045515

(STATE FILE NUMBER)

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Pg 1000006 2420

CFN 2002113184  
Bk 02194 Pg 1709; (1pg)  
DATE: 10/22/2002 03:00:17 PM  
JAMES C. WATKINS, CLERK OF COURT  
LAKE COUNTY  
RECORDING FEES 0.00

2002 ML 001369

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) LESLIE HOWARD SADLER			2. DATE OF BIRTH (Month, Day, Year) 01/24/1935		
3a. RESIDENCE - CITY, TOWN, OR LOCATION LEESBURG		3b. COUNTY LAKE		3c. STATE FL	
5a. BRIDE'S NAME (First, Middle, Last) CAROL LYNN BEST			5b. MAIDEN SURNAME (if different) HAMMOND		
7a. RESIDENCE - CITY, TOWN, OR LOCATION LEESBURG		7b. COUNTY LAKE		7c. STATE FL	
			8. BIRTHPLACE (State or Foreign Country) MO		
			8. DATE OF BIRTH (Month, Day, Year) 11/12/1939		
			8. BIRTHPLACE (State or Foreign Country) IN		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Leslie A. Sadler</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (Use black ink) October 8, 2002	
11. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		12. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>Shelia P. Hane</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Carol L. Best</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) October 8, 2002	
15. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		16. SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. <i>Shelia P. Hane</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE LAKE		18. DATE LICENSE ISSUED 10/08/2002		18a. DATE LICENSE EFFECTIVE 10/11/2002		19. EXPIRATION DATE 12/07/2002	
20a. SIGNATURE OF COURT CLERK OR JUDGE JAMES C. WATKINS				20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. <i>Shelia P. Hane</i>	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 10/19/02		22. CITY, TOWN, OR LOCATION OF MARRIAGE DEERHAVEN CAMP Grounds - Paisley, FL 32767	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>J.R. Sutton</i>		23c. ADDRESS (Of person performing ceremony) 47924 NFS 540-2, PAISLEY FL 32767	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) J.R. Sutton, MINISTER		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Danule K. Morgan</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shelia P. Hane</i>	

SEAL



STATE OF FLORIDA, COUNTY OF LAKE  
I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.

James C. Watkins, Clerk Circuit Court  
By *Shelia P. Hane* Deputy Clerk  
Dated 10/22/02