

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000062420

1. Entity Name
BEST WRITE, INC.



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

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

2. Principal Place of Business

2 Nimrell Place

Suite, Apt. #, etc.

3. Mailing Address

2 Nimrell Place

Suite, Apt. #, etc.

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
1121 N ATLANTIC BLVD #104
CORAL SPRINGS FL 33071

*None chgd by marriage
Copy attached*

7. Name and Address of New Registered Agent

Name *Carol L. Sadler*
Street Address (P.O. Box Number is Not Acceptable)
2 Nimrell 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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 15, 03

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

TITLE D Delete
NAME BEST, CAROL L
STREET ADDRESS 1121 N ATLANTIC BLVD #104
CITY-ST-ZIP CORAL SPRINGS FL 33071

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Change Addition
NAME *Carol L. Sadler*
STREET ADDRESS *2 Nimrell Place*
CITY-ST-ZIP *Fruitland Park, FL 34731*

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Vice President Change Addition
NAME *Leslie A. Sadler*
STREET ADDRESS *2 Nimrell Place*
CITY-ST-ZIP *Fruitland Park, FL 34731*

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Change Addition
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 03 (32) 326-2291

Daytime Phone #

068191
4

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.

P9700062420

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

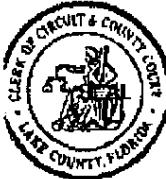
2002 ML 001369

(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	4. BIRTHPLACE (State or Foreign Country) MO
5a. BRIDE'S NAME (First, Middle, Last) CAROL LYNN BEST		5b. MAIDEN SURNAME (if different) HAMMOND	6. DATE OF BIRTH (Month, Day, Year) 11/12/1939
7a. RESIDENCE - CITY, TOWN, OR LOCATION LEESBURG	7b. COUNTY LAKE	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) IN

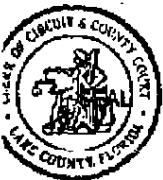
WE THE APPLICANT NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR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



9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Leslie H. Sadler</i>	10. SUBSCRIBED AND SWEORN 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 SWEORN 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 SOLICITIZE 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.



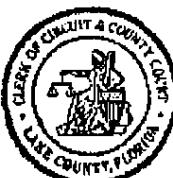
17. COUNTY ISSUING LICENSE LAKE	18. DATE LICENSE ISSUED 10/08/2002	19. DATE LICENSE EFFECTIVE 10/11/2002	20. EXPIRATION DATE 12/07/2002
20a. SIGNATURE OF COURT CLERK OR JUDGE JAMES C. WATKINS	20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. <i>Shelia P. Hane</i>	

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

SEAL

21. DATE OF MARRIAGE (Month, Day, Year) 10/19/02	22. CITY, TOWN, OR LOCATION OF MARRIAGE DEERHAVEN CAMPGROUNDS - 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>Damie K. Morgan</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Damie K. Morgan</i>	



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*