

ANNUAL REPORT

DOCUMENT # P98000031506

1. Entity Name
BEST TRANSPORTATION SERVICES, INC.



FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business

1112 WESTON RD
STE 233
WESTON, FL 33326

Mailing Address

1112 WESTON RD
STE 233
WESTON, FL 33326



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0828929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LING, GAIL
14641 VISTA VERDI ROAD
DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LING, GAIL
STREET ADDRESS 14641 VISTA VERDI ROAD
CITY-ST-ZIP DAVIE, FL 33325

TITLE
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CITY-ST-ZIP

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000000306067
04/14/05-80109-020 158.75

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IN THIS SPACE**

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:

Gail Ling

REPLACEMENT AND TYPES OF SIGNATURES FOR RECORDING PURPOSES AND TURN-IN

Date

Residence Phone #