

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9800 00 32847**

1. Entity Name
Best Home Loan, Inc.

FILED

02 JUN -7 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8280 Princeton Sq. Blvd. Suite, Apt. #, etc. 10 City & State Jacksonville, FL Zip 32256 Country USA		3. Mailing Address 8280 Princeton Sq. Blvd. Suite, Apt. #, etc. 10 City & State Jacksonville, FL Zip 32256 Country USA	
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DO NOT WRITE IN THIS SPACE
04-11-01 90087040 \$150.00

4. FEI Number 59-3507889	Applied For Not Applicable
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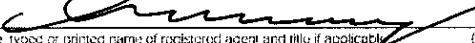
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Attila Makranczy**
Street Address (P.O. Box Number is Not Acceptable)
153 Shelby's Cove Court
City **Ponte Vedra Beach, FL** Zip Code **32082**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **6-5-02**


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

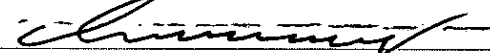
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Attila Makranczy 153 Shelby's Cove Court Ponte Vedra Beach, FL 32082
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	400005869624--2 -06/19/02--01082--014 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  - **6-5-02** - **904-419-6163**