

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90312 021 ***158.75

0476916 AV

DOCUMENT # P98000070987

1. Entity Name
BONNIE'S BEST, INC.



Principal Place of Business
**1330 SNELL ISLE BLVD N.E.
APT 1
ST. PETERSBURG FL 33704**

Mailing Address
**1330 SNELL ISLE BLVD N.E.
APT 1
ST. PETERSBURG FL 33704**



2. Principal Place of Business
9110 - 40th Way No.
Suite, Apt. #, etc.

3. Mailing Address
9110 - 40th Way No.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pinellas Park, FLORIDA
Zip
33782
Country
Pinellas

City & State
Pinellas Park, FLORIDA
Zip
33782
Country
Pinellas

4. FEI Number
59-3654863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAGE, CHERYL L
1330 SNELL ISLE BLVD N.E.
APT 1
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name
Page, Cheryl L.
Street Address (P.O. Box Number is Not Acceptable)
9110 - 40th Way No.
City
Pinellas Park **FL** Zip Code
33782

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 **Cheryl L Page**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
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 NAME STREET ADDRESS CITY - ST - ZIP	DPST PAGE, CHERYL L 1330 SNELL ISLE BLVD - APT 1 ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Page, Cheryl L. 9110 - 40th Way No. Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: **Cheryl L Page**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 **727/579-3708**
Date Daytime Phone #

CR2E034 (10/02)