2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90041 042 ***150.00

000547

DOCUMENT # P98000089906

1. Entity Name
BEST BETS WHOLESALE, INC.

Principal Place of Business	Mailing Address
420 KINGSLEY AVE. ORANGE PARK FL 32073	P O BOX 1351 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
390 HANSEN Ave		390 HANSEN Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange Park, Fl		City & State: OrangePark FL	
Zip: 32065	Country: Clay	Zip: 32065	Country: US

4. FEI Number 59-3550582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, SUSAN
420 KINGSLEY AVE.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 390 HANSEN Ave
Orange Park FL Zip Code 32065

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 Susan Evans
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, ROBERT 420 KINGSLEY AVE. ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	390 HANSEN Ave Orange Park, Fl.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS EVANS, SUSAN 420 KINGSLEY ORANGE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	390 HANSEN Ave Orange Park, Fl 32065	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Evans REQUIRED 2/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #