

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000095019**

1. Entity Name
BEST ENDEAVORS, INC.

FILED

01 OCT -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**620 DUNDEE ROAD
DUNDEE FL 33838**

Mailing Address
**620 DUNDEE ROAD
DUNDEE FL 33838**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3540831**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JAYNE B
620 DUNDEE ROAD
DUNDEE FL 33838**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DAVIS, JAYNE B
620 DUNDEE RD
DUNDEE FL 33838**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BEST WRIGHT, KAREN
620 DUNDEE RD
DUNDEE FL 33838**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**400004645074--4
-10/19/01--01023--023
****\$50.00 ****\$50.00**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Karen Best Wright

09-01-01 813-655-754

LS

202

October 3, 2001

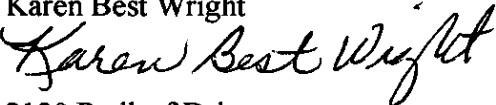
Florida Dept. Of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am sending this letter of explanation with another check as requested per a phone conversation this morning. I mailed the original check in the amount of \$550 on September 1st or 2nd. As I was going over my checking account, I noticed it had never cleared. I called today and found that you had never received it. I had mailed the check from my home address along with other checks, until the postman informed us that they were having a problem with kids stealing mail out of mailboxes and to avoid mailing things from home. If need be, I am sure I can get a statement from the Postmaster stating that we were having this problem. However, for time sake, I hope I don't have to do this.

I am sending a copy of the original form along with another check and ask that you please waive the reinstatement fee. If you have any questions, please contact me at 813-655-7548. Thank you.

Karen Best Wright



2120 Redleaf Drive
Brandon, FL 33510