

2001 UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # P98000105939

1. Entity Name
W.G. BEST FLORIDA, INC.

FILED

01 OCT 15 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
995 W. KENNEDY BLVD., STE. 72
EATONVILLE FL 32810

Mailing Address
995 W. KENNEDY BLVD., STE. 72
EATONVILLE FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3553032 Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name Michael A. Daasch
Street Address (P.O. Box Number is Not Acceptable)
225 E. Robinson St.
City Orlando FL Zip Code 32802

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]* (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. ☐ 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	D HOPKINS, WILLIAM 995 W. KENNEDY BLVD., STE. 72 EATONVILLE FL 32810	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trust agent 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 affidavit of an other like employment.

SIGNATURE: SIGNATURE REQUIRED Bill Hopkins 3/24/2001 476611388

CR2E034 (5/01)

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W.G. BEST
Florida, Inc.

Florida Department of State
Uniform Business Report
409 E. Gaines St
P.O. Box 1500
Tallahassee, FL 32305-1500

Ref# 59-3553032

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report along with a check for \$ 150.00. I understand that this form was due before May1, 2001 in order to avoid a penalty fee of \$ 400.00, however, I'd like to request a waiver of this penalty because I did not receive this form for completion until late in August of this year.

Historically, we have demonstrated a reverance for the laws of Florida and in no way wish to dissolve this corporation at this time or in the immediate future. I would appreciate any assistance that you could offer to assist in a resolution in this matter.

Thank you for your consideration in this matter.

Respectfully,

William Hopkins
President/Owner
W. G. Best Florida, Inc.

995 West Kennedy Blvd.
Suite 72
Orlando, FL 32810
(407) 661-1388
Fax (407) 661-1115