


FILED

03 JUN 16 AM 7:55

Amended
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106203			
1. Entity Name SOUTHERN BEST, INC.			
Principal Place of Business 2191 HYDE PARK ST SARASOTA, FL 34239		Mailing Address 2191 HYDE PARK ST SARASOTA, FL 34239	
2. Principal Place of Business 930 Tangled Oaks Dr. Suite, Apt. #, etc.		3. Mailing Address 930 Tangled Oaks Dr. Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34232		Zip 34232	
Country		Country	
4. FEI Number: 65-0861804		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNEMANN, BRADLEY 2191 HYDE PARK STREET SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name: William Kraig Rice Street Address (P.O. Box Number is Not Acceptable): 930 Tangled Oaks Dr. City: Sarasota FL Zip Code: 34232	
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: <u>W. Kraig Rice</u> DATE: <u>6-10-03</u> <small>Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent's Signature Required when releasing)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP/D NAME RICE, KRAIG STREET ADDRESS 930 TANGLES OAKS CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete	TITLE P.S.T.D NAME William Kraig Rice STREET ADDRESS 930 Tangled Oaks Dr CITY-ST-ZIP SARASOTA FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BRUNEMANN, R. BRADLEY STREET ADDRESS 2191 HYDE PARK ST CITY-ST-ZIP SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(1), 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: <u>W. Kraig Rice</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>6/10/03</u> <small>Date</small>	



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)

000020897610
06/16/03--01085--004 **61.25

7/6/17