

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038646

1. Entity Name

BEST POST, INC.

Principal Place of Business

6094 14TH STREET W.  
BRADENTON FL 34207

Mailing Address

1307 MAIN ST.  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

1620 N. TAMIAH TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
SARASOTA, FL

4. FEI Number 65-0922510

Applied For  
Not Applicable

Zip

Country

Zip

Country

34236

USA

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

INDERBINEN, MORITZ  
1307 MAIN ST.  
SARASOTA FL 34236

Name INDERBINEN MORITZ

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

1620 N. TAMIAH TRAIL

City SARASOTA

FL

Zip Code 34236

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 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, 2001 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   | <input type="checkbox"/> Delete |
|-------|--------------------|----------------|-------------------|---------------------------------|
| D     | INDERBINEN, MORITZ | 1307 MAIN ST.  | SARASOTA FL 34236 | <input type="checkbox"/>        |
|       |                    |                |                   | <input type="checkbox"/>        |
|       |                    |                |                   | <input type="checkbox"/>        |
|       |                    |                |                   | <input type="checkbox"/>        |
|       |                    |                |                   | <input type="checkbox"/>        |
|       |                    |                |                   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS       | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------|-----------------|--|-----------------------------------|
|       |      | 1620 N. TAMIAH TRAIL |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                      |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                      |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                      |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                      |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:

*M. Inderbinen* INDERBINEN

4/24/01 941 330 0422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0412143

CR2E034 (10/00)

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90112 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE