

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000109364

1. Entity Name

BEST KEPT BOOKS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-18-2000 90228 002 ***150.00

Principal Place of Business

963 W JUNIATA STREET
CLERMONT FL 34711

Mailing Address

963 W JUNIATA STREET
CLERMONT FL 34711

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

59-3625893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 MILLER, MARY E
 963 W JUNIATA STREET
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

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 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, 2000 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

 TITLE ☐ Delete
 NAME D JOLLEY, PAULA
 STREET ADDRESS 963 W JUNIATA STREET
 CITY-ST-ZIP CLERMONT FL 34711

 TITLE ☐ Delete
 NAME D MILLER, MARY
 STREET ADDRESS 339 1/2 W. MONTROSE STREET
 CITY-ST-ZIP CLERMONT FL 34711

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
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 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY E MILLER

4/11/2000

(352)

242-1134

CR2E034 (9/99)