2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

S07876

1. Entity Name



Apr 16, 2003 8:00 am \$ Secretary of State **FILED**

04-16-2003 90177 043 ***150.00

BEST LOTS, INC.										
Principal Place of Business 301 OHIO ROAD LEHIGH ACRES FL 33936			Mailing Address PO BOX 1169 LEHIGH ACRES FL 33970							
2. Principal Place of Business			3. Mailing Address			- 	Bill Bibli Bib	H ENDYN DIBHI	AISII TIOII IEDI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
0). 2 0).						☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE! Number 65-0222750	^{1 Number} 65-0222750		Applied For Not Applicable	
Zip	Cou	ıntry	Zip	Cour	ntry	5. Certificate of Status Desired		8.75 Ad	ditional	
	6. Name and A	Address of Current Ro	egistered Agent	. I	_ white	7. Name and Address of New Reg		ee Require	÷0	-
140114 111	ID 4				Name	,				l
WILK, LUBA 301 OHIO ROAD			Street Addr			(P.O. Box Number is Not Acceptable)				
	ACRES FL 33936					The state of the s				
					City		FL	Zip Cod	ie	
8 The abov	e named entity subm	nite this statement for t	he ourness of changing i	te register		red agent, or both, in the State of Floric				İ
	ations of registered a		ne purpose or changing r	is register	ed office of registe.	red agent, or boar, in the state or Horic	a. railia	TITLE WILL	and accept	l
SIGNATURE	Signature, typed or printed	d name of registered agent and	title if applicable. (NC	OTE: Registere	d Agent signature required	d when reinstating)	DATE			
Afte	FILE NOW!!! FEI	will be \$550.00				Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.	R Payable to Flori	da Department of S		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	
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NAME STREET ADDRESS	WILK, LUBA	n		NAM	EET ADDRESS					(10/02)
CITY-ST-ZIP	LEHIGH ACRES				-ST-ZIP					Lena.
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CITY-ST-ZIP TITLE		:		TITLE NAM STRE CITY TITLE NAM STRE	-ST-ZIP E E ET ADDRESS -ST-ZIP			☐ Change		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

239-368-6100