

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S34501****1. Entity Name**  
**BESST REALTY GROUP, INC.****FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90496 043 \*\*\*150.00

**Principal Place of Business**  
**2429 NORTH ATLANTIC AVENUE, SUITE 39**  
**DAYTONA BEACH FL 32118****Mailing Address**  
**2429 NORTH ATLANTIC AVENUE, SUITE 39**  
**DAYTONA BEACH FL 32118****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3057562**

Applied For

Not Applicable

**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****JOHNSTON, DAVID A.**  
**29 VALHALLA AVE.**  
**ORMOND BEACH FL 32176**

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, 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	DT	<input type="checkbox"/> Delete
NAME	JOHNSTON, DAVID A.	
STREET ADDRESS	29 VALHALLA AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAYNEY, SANDRA	
STREET ADDRESS	12 BAYBERRY DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLAUSS, DOROTHY	
STREET ADDRESS	713 KNOLLVIEW BOULEVARD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:***David A. Johnston*  
**David A. Johnston**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

386-672-2200

Daytime Phone #

CR2E034 (10/00)