

FILED

Oct 28 1999 8:00am
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. Best Rate Direct
Fictitious Name to be Registered

2. 310 Bayhead Dr.
Mailing Address of Business

Melbourne FL 32940
City State Zip Code

3. Florida County of principal place of business: Brevard County ✓

4. FEI Number: N/A

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-10/28/99--01044--029
***60.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Shortes Jason T
Last First M.I.
310 Bayhead Dr
Address
Melbourne FL 32940
City State Zip Code
SS# _____

2. _____
Last First M.I.

Address

City State Zip Code
SS# _____

B. Owner(s) of Fictitious Name If other than Individual(s): (Use attachment if necessary):

1. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 10-26-99
Signature of Owner Date
Phone Number: (407) 752-9206

Signature of Owner Date
Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes Certificate of Status - \$10 Certified Copy - \$30
Filing Fee: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/98)

88 10/28/99