

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90077 035 \*\*\*150.00

DOCUMENT # P96000065896

1. Entity Name  
**PART ONE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2115 PALM BAY ROAD NE #6E BAY FL 32905  
 Mailing Address: 2115 PALM BAY ROAD NE #6E PALM BAY FL 32905-2936

2. Principal Place of Business: 1414 ISLAND GREEN DR. NE  
 3. Mailing Address: ~~2115 PALM BAY ROAD NE #6E~~  
 Suite, Apt. #, etc.: 1414 ISLAND GREEN DR. NE

City & State: PALM BAY, FL  
 City & State: PALM BAY, FL  
 Zip: 32905 Country: [Blank]  
 Zip: 32905 Country: [Blank]

4. FEI Number: 59-3393240 Applied For: [Blank] Not Applicable: [Blank]  
 5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required: [Blank]

6. Name and Address of Current Registered Agent  
**BETTEN, LAURA K**  
**1361 BEDFORD DR.**  
**MELBOURNE FL 32940**

7. Name and Address of New Registered Agent  
 Name: [Blank]  
 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 City: [Blank] FL Zip Code: [Blank]

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]* JOHN PASSANISI DATE: 4/11/00  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D<br>NAME: PASSANISI, JOHN P<br>STREET ADDRESS: 1414 ISLAND GREEN DRIVE NE<br>CITY-ST-ZIP: PALM BAY FL 32905 | <input type="checkbox"/> Delete |
| TITLE: ST<br>NAME: PASSANISI, ELAINE M.<br>STREET ADDRESS: 1414 ISLAND GREEN DR, NE<br>CITY-ST-ZIP: PALM BAY FL     | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                  | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                  | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                  | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                              |   |
|--|---|
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* DATE: 4/11/00 DAYTIME PHONE #: 328-728-1615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)