

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80225

1. Entity Name
DAVID L. BRESSETT, INC.

Principal Place of Business
490 31ST AVE
VERO BEACH FL 32968

Mailing Address
490 31ST AVE
VERO BEACH FL 32968

2. Principal Place of Business
1459 20TH STREET
Suite, Apt. #, etc.

3. Mailing Address
1459 20TH STREET
Suite, Apt. #, etc.

City & State
VERO BEACH, FL
Zip
32960
Country
USA

City & State
VERO BEACH, FL
Zip
32960
Country
USA

4. FEI Number
65-0281611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESSETT, DAVID L.
490 31ST AVE
VERO BEACH FL 32968

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 *David L. B* DATE 10-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME BRESSETT, DAVID L.
STREET ADDRESS 490 31ST AVE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE D
NAME BRESSETT, CYNTHIA T
STREET ADDRESS 490 31ST AVE
CITY-ST-ZIP VERO BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *David L. B* DATE 7-6-01 DAYTIME PHONE # 561-562-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 OCT 31 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

0115815 AT

CR2E034 (5/01)