

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90048 007 \*\*\*150.00

DOCUMENT # 395678

1. Entity Name

ALL FLORIDA REALTY SERVICES, INC.

Principal Place of Business  
1648 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952  
US

Mailing Address  
1301 BEVILLE RD  
21  
DAYTONA BCH FL 32119  
US

744094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1648 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST LUCIE, FL

4. FEI Number 59-1379209

Applied For

Not Applicable

Zip

Country

Zip

Country

34952

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

BESSETTE, DAVID L  
1301 BEVILLE ROAD, STE 21  
DAYTONA BEACH FL 32119

Name  
BESSETTE, DAVID L.

Street Address (P.O. Box Number is Not Acceptable)  
1648 S.E. PORT ST LUCIE BLVD

City  
PORT ST LUCIE

FL

Zip Code  
34952

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

DAVID L BESSETTE PRESIDENT

4-2-01

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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHEVERS, SELMA 1867 IMPORT DRIVE PORT ST. LUCIE FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BESSETTE, DAVID L 1301 BEVILLE ROAD, #21 DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR BESSETTE, DAVID L. 1648 S.E. PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BESSETTE, PAMELA S 5 FORESTVIEW WAY ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1648 S.E. PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP DURHAM, NANCY 1221 CHARTER OAKS CIRCLE HOLLY HILL FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	141 NORTH BUCK DR. ORLANDO, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BRADY, JUDI 4610 SE 47TH PLACE OCALA FL 32671 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4610 SE 47TH PLACE OCALA, FL 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WASILIK, RICHARD 8322 42ND AVE N SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. BESSETTE

Date

Daytime Phone #

4-2-01 (561) 335 1995

CR2E034 (10/00)