

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90204 043 \*\*\*150.00

0604049 AV

**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  
**1648 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1379209**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BESSETTE, DAVID L  
1648 S E PORT ST LUCIE BLVD  
PORT SAINT LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>BESSETTE, PAMELA S<br/>1648 S E PORT ST LUCIE BLVD<br/>PORT SAINT LUCIE FL 34952</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>DURHAM, NANCY C<br/>141 NORTHBROOK DR<br/>ORMOND BEACH FL 32174</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>BRADY, JUDI<br/>4610 SE 47TH PLACE<br/>OCALA FL 34480</b>                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>WASILIK, RICHARD<br/>8322 42ND AVE N<br/>SAINT PETERSBURG FL 33709</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BESSETTE, DAVID L<br/>1648 SE PORT ST LUCIE BLVD<br/>PORT SAINT LUCIE FL 34952</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>DEWITT, MELINDA<br/>16305 REDINGTON DR<br/>REDINGTON BEACH FL 33708</b>             | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5155 NW PALMETTO AVE<br/>FORT PIERCE, FL 34982</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5155 NW PALMETTO AVE<br/>FORT PIERCE, FL 34982</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ROVILLO, MELINDA</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF DAVID L. BESSETTE 4/1/03 (772) 335 1995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

90090457  
395678

ATTACHMENT

ALL FLORIDA REALTY SERVICES, INC.  
1648 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

FEI# 59-1379209

ATTACHMENT TO 2003 UNIFORM BUSINESS REPORT:

ADDITIONS TO OFFICERS AND DIRECTORS

AVP  
JAMES DOOLITTLE  
1185 34<sup>th</sup> AVENUE  
VERO BEACH, FL 32960

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