

DOCUMENT # F96662

1. Entity Name

Bissell Brothers, Inc.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90636 009 ***150.00

Principal Place of Business

Mailing Address

2443 Sandy Point Road
 Palm Harbor, FL 34685

SAME

2. Principal Place of Business

3. Mailing Address

2443 Sandy Point Rd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

4. FEI Number

59-2214258

Applied For

Not Applied

Zip

34685

Country

Zip

Country

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

Steven B. Jefferis
 2992 ASHCROFT CT.
 CLEARWATER, FL. 33761

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May
 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

KATHAYN L. JEFFERIS ☐ Delete
 2992 ASHCROFT CT. V-PRES.
 CLEARWATER, R. 33761

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

~~PROSIDENT.~~ ☐ Delete
 STEVEN B. JEFFERIS
 2992 ASHCROFT CT.
 CLEARWATER, FL. 33761

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY ☐ Delete
 BRYAN G. WALDEN
 2998 BONAVENTURE CR.
 PALM HARBOR, FL. 34685

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TREASURER ☐ Delete
 KEVIN CHASE
 5401 OAK RIDGE DR.
 PALM HARBOR, FL. 34685

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CHAIRMAN ☐ Delete
 RODRIK HENSE
 5055 SPIKE HORN DR.
 NEW PORT RICHEY, FL. 34658

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Add

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 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

Date

Daytime Phone #

4/30/01 (727) 771-6936