

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099360

1. Entity Name
ALL FLORIDA REAL ESTATE SCHOOLS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90095 004 ***150.00

Principal Place of Business
1301 BEVILLE RD., #21
DAYTONA BCH FL 32119

Mailing Address
1301 BEVILLE RD., #21
DAYTONA BCH FL 32119

2. Principal Place of Business
1648 SE. PORT ST LUCIE BLVD
Suite, Apt. #, etc.

3. Mailing Address
1648 SE. PORT ST LUCIE BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT ST LUCIE, FL
Zip
34952
Country

City & State
PORT ST. LUCIE, FL
Zip
34952
Country

4. FEI Number
59-3679181
Applied For
Not Applicable

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
5 FORESTVIEW HWY.
ORMOND BCH FL 32174

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 DAVID L. BESSETTE, PRESIDENT X4-02-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PD
STREET ADDRESS BESSETTE, DAVID L
CITY-ST-ZIP 5 FORESTVIEW WAY
ORMOND BCH FL 32174 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1648 S.E. PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE
NAME DST
STREET ADDRESS BESSETTE, PAMELA S
CITY-ST-ZIP 5 FORESTVIEW WAY
ORMOND BCH FL 32174 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1648 S.E. PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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. BESSETTE X4-02-01 (561)-335-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)