

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101313

1. Entity Name
ALL FLORIDA REFERRAL NETWORK, INC.

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

04-17-2001 90095 005 ***150.00

Principal Place of Business

1301 BEVILLE ROAD #21
DAYTONA BEACH FL 32119

Mailing Address

1301 BEVILLE ROAD #21
DAYTONA BEACH FL 32119

2. Principal Place of Business

1448 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

3. Mailing Address

1448 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

59-3681111

Applied For

Not Applicable

Zip

Country

34952

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
5 FORESTVIEW WAY
ORMOND BEACH FL 32174

Name

BESSETTE, DAVID L
Street Address (P.O. Box Number is Not Acceptable)
1448 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 4-02-01

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	PD	<input type="checkbox"/> Delete
NAME	BESSETTE, DAVID L	
STREET ADDRESS	5 FORESTVIEW WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BESSETTE, PAMELA S	
STREET ADDRESS	5 FORESTVIEW WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1448 S.E. PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1448 S.E. PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASS, KATHERINE	
STREET ADDRESS	3105 S.E. CARD TERRACE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L BESSETTE 4-02-01

Date

(561) 335 1995

Daytime Phone #

CR2E034 (10/00)