

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90225 047 ***150.00

DOCUMENT # P00000101313

1. Entity Name
ALL FLORIDA REFERRAL NETWORK, INC.



Principal Place of Business
1648 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34952

Mailing Address
1648 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3681111

Applied For
Not Applicable

Zip

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

BESSETTE, DAVID L
1648 SE 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BESSETTE, DAVID L
STREET ADDRESS 1648 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE PD ☒ Change ☐ Addition
NAME BESSETTE, DAVID L
STREET ADDRESS 5155 PALMETTO AVE
CITY-ST-ZIP FT PIERCE, FL 34982

TITLE STD ☐ Delete
NAME BESSETTE, PAMELA S
STREET ADDRESS 1648 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE STD ☒ Change ☐ Addition
NAME BESSETTE, PAMELA S
STREET ADDRESS 5155 PALMETTO AVE
CITY-ST-ZIP FT PIERCE, FL 34982

TITLE VP ☐ Delete
NAME PASS, KATHERINE
STREET ADDRESS 3105 SE CARD TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED **DAVID L. BESSETTE**

3/31/03

772 335 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)