

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103645

1. Entity Name

ALL FLORIDA EMPLOYMENT SERVICES, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90095 003 \*\*\*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

1648 S.E. PORT ST LUCIE BLVD

3. Mailing Address

1648 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

59-3682539

Applied For

Not Applicable

Zip

34952

Country

Zip

34952

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  
5 FORESTVIEW WAY  
ORMOND BEACH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID L BESSETTE, PRESIDENT

4-02-01

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

Date

Daytime Phone #

DAVID L. BESSETTE 4-2-01 (561) 335 1995

CR2E034 (10/00)