

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020664

1. Entity Name
BESSINGER & ASSOCIATES, INC.

Principal Place of Business Mailing Address
4453 DAUGHARTY ROAD 4453 DAUGHARTY ROAD
DELAND FL 32724 DELAND FL 32724

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3701344 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

BESSINGER, ALVIN M
4453 DAUGHARTY ROAD
DELAND FL 32724

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) 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, 2002 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 D BESSINGER, ALVIN M
NAME
STREET ADDRESS 4453 DAUGHARTY ROAD
CITY-ST-ZIP DELAND FL 32724

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D RECKER, VINCE
NAME
STREET ADDRESS 4453 DAUGHARTY ROAD
CITY-ST-ZIP DELAND FL 32724

TITLE D VICE PRESIDENT
NAME JUDY A. BESSINGER
STREET ADDRESS 4453 DAUGHARTY RD
CITY-ST-ZIP DELAND FLA. 32724

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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: ALVIN M. BESSINGER ALVIN M. BESSINGER 1-04-02 386-736-7504

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 030 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)