

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2001 90112 001 \*\*\*150.00

**DOCUMENT # P93000068480**

1. Entity Name  
**ALL FLORIDA PROPERTY MANAGEMENT, INC.**

Principal Place of Business 1301 BEVILLE ROAD, #21 DAYTONA BEACH FL 32119	Mailing Address 1301 BEVILLE ROAD, #21 DAYTONA BEACH FL 32119
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2. Principal Place of Business 1648 S.E. PORT ST LUCIE BLVD Suite, Apt. #, etc.	3. Mailing Address 1648 S.E. PORT ST LUCIE BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL	4. FEI Number 59-3206123	Applied For <input type="checkbox"/> Not Applicable
Zip 34952	Country	Zip 34952	Country

6. Name and Address of Current Registered Agent <b>BESSETTE, DAVID L</b> 5 FORESTVIEW WAY ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name <b>BESSETTE, DAVID L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1648 S.E. PORT ST LUCIE BLVD</b> City <b>PORT ST LUCIE</b> FL Zip Code <b>34952</b>
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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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST BESSETTE, DAVID L 5 FORESTVIEW WAY ORMOND BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1648 S.E. PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **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)