

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90001 028 \*\*\*150.00

**DOCUMENT # P94000042205**

1. Entity Name  
**BEISSEL INVESTMENTS, INC.**

Principal Place of Business 1336 CR 459 LAKE PANASOFFKEE FL 33538	Mailing Address 1336 CR 459 LAKE PANASOFFKEE FL 33538
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**527623**



DO NOT WRITE IN THIS SPACE

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 **65-0498526** 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**

**BEISSEL, JUERGEN J**  
**1336 CR-459**  
**LAKE PANASOFFKEE FL 33538**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEISSEL, JUERGEN</b>
STREET ADDRESS	<b>1336 CR 459</b>
CITY-ST-ZIP	<b>LAKE PANASOFFKEE FL 33538</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEISSEL, IRENE</b>
STREET ADDRESS	<b>1336 CR 459</b>
CITY-ST-ZIP	<b>LAKE PANASOFFKEE FL 33538</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/01 352-793-1601  
 Date Daytime Phone #

CR2E034 (10/00)