

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90070 028 \*\*\*150.00

**DOCUMENT # P95000033142**

1. Entity Name  
**BESSEMER FABRIC CO., INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1029 N 3 ST<br>JACKSONVILLE BEACH FL 32250 | Mailing Address<br>1029 N 3 ST<br>JACKSONVILLE BEACH FL 32250-7238 |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3317738** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMITH, PARKER B**  
**13000 SAWGRASS VILLAGE CIR**  
**SUITE 16**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

|  |
|--|
| 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, 2000 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

|                |   |
|----------------|---|
| TITLE          | <b>P</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BESSEMER, KAREN</b>                              |
| STREET ADDRESS | <b>622 OCEANFRONT</b>                               |
| CITY-ST-ZIP    | <b>NEPTUNE BEACH FL 32266</b>                       |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           | <i>Bessemer Karen</i>                               |
| STREET ADDRESS | <i>51 N. Roscoe Blvd.</i>                           |
| CITY-ST-ZIP    | <i>Ponte Vedra, FL 32082</i>                        |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| 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: *Karen Bessemer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)