## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P95000033142

1. Entity Name BESSEMER FABRIC CO., INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90920 031 \*\*\*150.00

			GOD W	TRUST				
Principal Place of Business 1029 N 3 ST JACKSONVILLE BEACH FL 32250		Mailing Address 1029 N 3 ST JACKSONVILLE BEACH FL 32250			()) <b>fi</b> lih <b>ii</b> ii <b>i i</b> ii		<b>.</b> 	
	Place of Business	3. Mailing Address	······					####
Suite, Apt.	rlies Way #, etc.	Suite, Apt. #, etc.	me		☐ CHECK HERE	IF MAKING	CHANGES	
JACKSONVILLE BCH FL City & State AU					4. FEI Number 59-3317738	,	<b>⊢</b>	oplied For ot Applicable
Zip 322	Country USA	Zip	Country		5. Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New F	Registered A	jent	
			Name		<del>-</del>	<del>-</del>		
SMITH, PARKER B 13000 SAWGRASS VILLAGE CIR				Street Address (P.O. Box Number is Not Acceptable)				
	WGRASS VILLAGE CIR							
SUITE 16	TODA BEACLI EL DOGGO						- <del></del>	
PONIE VE	EDRA BEACH FL 32082		City			FL	Zip Cod	е
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registere	d agent, or both, in the State of Fk	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signatu	re required v	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fir     Trust Fund Contribution			00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESSMEN, KAREN 622 OCEAN FRONT NEPTUNE BEACH FL 32266	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13 T	ven Bessever Burling Was EKSONVILLE	SchFi	Change 3 2-2	□ 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 ~	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			١	Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #