

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065896

1. Entity Name

PART ONE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90077 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2115 PALM BAY ROAD NE #6E  
PALM BAY FL 32905

2115 PALM BAY ROAD NE #6E  
PALM BAY FL 32905-2936

2. Principal Place of Business

3. Mailing Address

1414 ISLAND GREEN DR. NE  
Suite, Apt. #, etc.

1414 ISLAND GREEN DR. NE  
Suite, Apt. #, etc.

City & State  
PALM BAY, FL

City & State  
PALM BAY, FL

Zip  
32905

Country

Zip  
32905

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3393240

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

BETTEN, LAURA K  
1361 BEDFORD DR.  
MELBOURNE FL 32940

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 JOHN PASSANISI DATE 4/11/00  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASSANISI, JOHN P 1414 ISLAND GREEN DRIVE NE PALM BAY FL 32905	<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	ST PASSANISI, ELAINE M. 1414 ISLAND GREEN DR, NE PALM BAY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOHN PASSANISI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/00 Daytime Phone # 328-728-1615

CR2E034 (9/99)