

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030429

1. Entity Name  
FLORIDA INSURANCE CONCEPTS, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90018 010 \*\*\*150.00

Principal Place of Business

1900 PALM BAY RD. NE  
PALM BAY FL 32907

Mailing Address

~~1301 BEVILLE ROAD #21~~  
DAYTONA BEACH FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1648 S.E. PORT ST LUCIE BLVD

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34952

Country

4. FEI Number 59-3439619

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

BESSETTE, DAVID L  
5 FOREST VIEW WAY  
ORMOND BEACH FL 32174

Name  
BESSETTE, DAVID L.

Street Address (P.O. Box Number is Not Acceptable)

1648 S.E. PORT ST LUCIE BLVD

City  
PORT ST LUCIE

FL

Zip Code

34952

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

Signature, typed or printed name of registered agent and title if applicable.

DAVID L. BESSETTE PRESIDENT

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BESSETTE, DAVID L  
5 FOREST VIEW WAY  
ORMOND BEACH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT/DIRECTOR  
BESSETTE, DAVID L.  
1648 S.E. PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
BESSETTE, PAMELA S  
5 FOREST VIEW WAY  
ORMOND BEACH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1648 S.E. PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SCHEVERS, SELMA  
1867 IMPORT DR.  
PORT ST. LUCIE FL 34953 ☒ 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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. BESSETTE

Date

Daytime Phone #

4-02-01 (561) 335-1995

CR2E034 (10/00)