2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90033 037 ***150.00

DOCUMENT # P98000099249

1. Entity Name

BESSOLO DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
111 SECOND AVENUE N.E. STE. 600 ST. PETERSBURG FL 33701	111 SECOND AVENUE N.E. STE. 600 ST. PETERSBURG FL 33701-3315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
556 CENTRAL AVE	556 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETE, FL	City & State: ST PETE, FL
Zip: 33701 Country: US	Zip: 33701 Country: US

4. FEI Number 59-3543456 ☐ 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
BESSOLO, KEVIN J 111 SECOND AVENUE N.E. STE. 600 ST. PETERSBURG FL 33701	Name: Street Address (P.O. Box Number is Not Acceptable): 556 CENTRAL AVE City: ST PETE **FL** Zip Code: 33701

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSOLO, KEVIN J 111 SECOND AVENUE N.E. STE. 600 ST. PETERSBURG FL 33701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KEVIN J BESSOLO 556 CENTRAL AVE CLRWTR FL 33701 ☒ 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
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CR2E034 (9/99)

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] 1/13/00 727 894 4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #