

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007712

1. Entity Name

DOUBLE BARREL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5713 86TH AVENUE NORTH  
PINELLAS PARK FL 33782

5713 86TH AVENUE NORTH  
PINELLAS PARK FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3554586

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

BESS, DAVID W  
5713 86TH AVENUE NORTH  
PINELLAS PARK FL 33782

Name  
BESS, ROBERT L.

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

RR 2 BOX 5841

FORT WHITE

RR2 BOX 5841

City FORT WHITE

FL 34639

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

*Robert L. Bess* ROBERT L. BESS

02-11-01

Signature, typed or printed name of registered agent and use 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, 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

TITLE PS ☒ Delete

NAME BESS, DAVID W  
STREET ADDRESS 5713 86TH AVENUE NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE VP ☐ Delete

NAME BESS, ROBERT L  
STREET ADDRESS PO BOX 519 MONTANA PKWY  
CITY-ST-ZIP FORT WHITE FL 32038

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition

NAME BESS, ROBERT L.  
STREET ADDRESS RR 2 BOX 5841  
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert L. Bess* ROBERT L. BESS

02-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

02-20-2001 90088 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)