

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506872

1. Entity Name
BOBE'S HOBBY HOUSE, INC.

Principal Place of Business
5719 NORTH "W" ST
PENSACOLA FL 32505

Mailing Address
5719 NORTH "W" ST
PENSACOLA FL 32505

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 59-1679113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBE, ETHELWYN J
51 DELUNA DR
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

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

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, 2002 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 DST
NAME BOBE, THOMAS C.
STREET ADDRESS 51 DE LUNA DR.
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE STD
NAME BOBE, ETHELWYN J.
STREET ADDRESS 51 DE LUNA DR.
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE PD
NAME BOBE, DONALD R.
STREET ADDRESS 841 MUNDY LANE
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE VD
NAME BOBE, JOHN C.
STREET ADDRESS 7617 OLD HICKORY DR
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ethelwyn J. Bobe

Date

Daytime Phone #

850-433-2187

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91202 015 ***150.00

92681



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)