

DOCUMENT # L45870			
1. Entity Name A.B. BOBCAT & TRUCK SERVICE, INC.			
Principal Place of Business 9840 N.W. 31ST PLACE SUNRISE FL 33351		Mailing Address 9840 N.W. 31ST PLACE SUNRISE FL 33351-7032	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
BOHBOT, ATERET 9840 NW 71 PL SUNRISE FL 33351			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOHBOT, ALBERT 9840 NW 31ST PL SUNRISE FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>ALBERT BOHBOT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE