

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 005 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114924			
1. Entity Name MARCO BOB INC.			
Principal Place of Business 900 SOUTH COLLIER BLVD. SUITE 200 MARCO ISLAND, FL 34145 US		Mailing Address PO BOX 124 MARCO ISLAND, FL 34146 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BACON, ROBERT G JR. 900 SOUTH COLLIER BLVD. SUITE 200 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  R.G. BACON JR PRES 4-30-03 Signature, typed or printed name of shareholder, agent, and filer (if applicable) (MORE Registered Agent's signature required when substituted) DATE			
10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete P BACON, ROBERT G 900 S. COLLIER BLVD MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  R.G. BACON JR PRES 4-30-03 642-9803 Signature and typed or printed name of reporting officer or director Date Daytime Phone #			

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **14-1852696** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

5. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11

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