

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90375 046 ***150.00

000563

DOCUMENT # 499479

1. Entity Name
BOB'S SPACE RACERS, INC.

Principal Place of Business: **427 15TH STREET HOLLY HILL FL 32117**
Mailing Address: **427 15TH STREET HOLLY HILL FL 32117**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1662454** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSATA, ROBERT C.
427 15TH ST.
HOLLY HILL FL 32017

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 _____ (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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	CASSATA, ROBERT C.	4809 S. ATLANTIC AVE.	PONCE INLET FL				
STD	CASSATA, JOYCE	4809 S. ATLANTIC AVE.	PONCE INLET FL				
P	MENDES, JR, JOHN F	109 HERITAGE CIR	ORMOND BEACH FL				
V	COOK, JACK	24 WINDING CREEK WAY	ORMOND BEACH FL				

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 Cassata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
Date

Daytime Phone #

CR2E034 (10/00)