

# 2002 UNIFORM BUSINESS REPORT (UBR)

0042248 AV

**DOCUMENT # 502905**

1. Entity Name  
**BOB'S V.W., INC.**

APPROVED  
AND  
FILED

02 APR 11 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2913 SPRINGHILL RD.  
TALLAHASSEE FL 32310**

Mailing Address  
**2913 SPRINGHILL RD.  
TALLAHASSEE FL 32310**

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 **59-1674326** 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

**JOSEPH W. GARDNER III  
7 EJ STRINGER RD  
CRAWFORDVILLE FL 32327**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete  
NAME **MAULDIN, TERRY L**  
STREET ADDRESS **35 NANCY ALLEN ST.**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **V.P.D.** ☒ Change ☐ Addition  
NAME **Misty M. Gardner**  
STREET ADDRESS **7 E.J. Stringer Rd**  
CITY-ST-ZIP **CRAWFORDVILLE FLA 32327**

TITLE **PD** ☐ Delete  
NAME **GARDNER, JOSEPH W., III**  
STREET ADDRESS **7 EJ STRINGER RD**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)