

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557883

1. Entity Name
BOB POPPINO, INC.

Principal Place of Business
P.O. BOX 1283
CORNELIUS NC 28031
US

Mailing Address
P.O. BOX 1283
CORNELIUS NC 28031
US

2. Principal Place of Business
P O Box 832794
Suite, Apt. #, etc.

3. Mailing Address
P O Box 832794
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 59-1791784

Applied For
Not Applicable

Zip Country
33283 Dade

Zip Country
33283 Dade

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

6. Name and Address of Current Registered Agent

JONES, A M
3421 N POWERLINE RD
POMPANO BEACH FL 33069

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	POPPINO, ROBERT D	211 ROCKLEDGE RD	SPRUCE PINE NC 28777	<input type="checkbox"/>
CS	POPPINO, PHYLLIS C	211 ROCKLEDGE RD	SPRUCE PINE NC 28777	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Corp. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/10/01

Daytime Phone # 704-7086261

FILED
Sep 20, 2001 8:00 am
Secretary of State
09-20-2001 90001 033 ***550.00



DO NOT WRITE IN THIS SPACE

0132258 AT

CR2E034 (5/01)