

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90110 038 ***150.00

DOCUMENT # 557883

1. Entity Name
BOB POPPINO, INC.

Principal Place of Business

P.O. BOX 832794
MIAMI FL 33283
US

Mailing Address

P.O. BOX 832794
MIAMI FL 33283
US

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 59-1791784

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **POPPINO, ROBERT D**
STREET ADDRESS **211 ROCKLEDGE RD**
CITY-ST-ZIP **SPRUCE PINE NC 28777**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **9018 St. Pierre Ln.**
CITY-ST-ZIP **Charlotte, NC. 28277**

TITLE **CS** ☐ Delete
NAME **POPPINO, PHYLLIS C**
STREET ADDRESS **211 ROCKLEDGE RD**
CITY-ST-ZIP **SPRUCE PINE NC 28777**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **9018 St. Pierre Ln.**
CITY-ST-ZIP **Charlotte, NC. 28277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 (4/02)



BOB POPPINO, INC.
General Contractors

P.O. Box 832794 Miami, Florida 33183
Tel./Fax 305/274-9315

Attachment
Dr. # 557883
872014

September 13, 2002

Divisions of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Subj: - 2002 UBR

The corporation did not receive prior notice.

BOB POPPINO, Inc.

Robert D. Poppino
President

BOB POPPINO, INC.