

AMENDED UBR  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0688807

1. Entity Name

Les: Bob Corporation

FILED

02 MAY 22 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100005694701--2

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2. Principal Place of Business

1101 N. Bay Street

Suite, Apt. #, etc.

3. Mailing Address

34825 Marshall Road

Suite, Apt. #, etc.

City & State

Eustis, Florida

City & State

Eustis FL

4. FEI Number

59-2029864

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32736

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name TERRY SQUILLANTE

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

34825 Marshall Road

City

Eustis

FL

Zip Code

32736

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.

TERRY SQUILLANTE, PRES.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(If not, Registered Agent signature required when reinstating)

5/9/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
Pres. V. Pres. Sec. Treas + Director  
TERRY SQUILLANTE  
34825 Marshall Road  
Eustis FL 32736

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
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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 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 #

5/9/02

352-589-8848

CR2E034B (12/01)

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