

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90117 046 ***150.00

DOCUMENT # F33179

1. Entity Name
BOBBY JONES AIRBOATS, INC.



Principal Place of Business
1125 HWY. 17-92 S.
DAVENPORT FL 33837

Mailing Address
1125 HWY. 17-92 S.
DAVENPORT FL 33837

00000000



2. Principal Place of Business

3. Mailing Address

HWY 17-92 So
Suite, Apt. #, etc.

1125 Hwy 17-92 South
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVENPORT Florida

City & State
DAVENPORT Florida

4. FEI Number **59-2094469**

Applied For
Not Applicable

Zip
33837

Country
USA

Zip
33837

Country
USA

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, BOBBY
1125 HWY 17/92 S.
DAVENPORT FL 33837

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JONES, BOBBY
1125 HWY 17/92 S.
DAVENPORT FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOBBY JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

owner

Daytime Phone #

CR2E034 (10/02)