

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79812

1. Entity Name

BOBBY CAULEY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 022 ***150.00

Principal Place of Business

BOBBY CAULEY, INC.
4005 J A FENTON RD
LAKELAND FL 33810
US

Mailing Address

BOBBY CAULEY, INC.
PO BOX 512
KATHLEEN FL 33849-0512
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

59-2369970

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

CAULEY, W.D. "BOBBY"
STATE ROAD 471
4 MILES NORTH OF HIGHWAY 98
DADE CITY FL

Name

Anita C. Peak

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

4083 2nd Street N.W.

City

Lakeland

FL

Zip Code 33810

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

Anita C. Peak

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

(NOTE: Registered Agent signature required when reinstating)

1/11/00

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	CAULEY, W.D. "BOBBY"	
STREET ADDRESS	STATE RD 471	
CITY-ST-ZIP	KATHLEEN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAULEY, SALLY	
STREET ADDRESS	STATE RD 471, POB 512	
CITY-ST-ZIP	KATHLEEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James David Cauley	
STREET ADDRESS	225 Tracy Way	
CITY-ST-ZIP	Lakeland, FL. 33809	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anita C. Peak	
STREET ADDRESS	4083 2nd Str. N.W.	
CITY-ST-ZIP	Lakeland, FL. 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Anita C. Peak Anita C. Peak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

813-859-3680

Daytime Phone #

CR2E034 (9/99)