

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90059 012 ***150.00

DOCUMENT # H13479

1. Entity Name

BOB'S VERTICALS, INC.

Principal Place of Business

**13625 LINDEN DR
SPRING HILL FL 34609
US**

Mailing Address

**12578 CORONADO DR.
SPRING HILL FL 34609
US**

2. Principal Place of Business

13625 LINDEN DR.
Suite, Apt. #, etc.

3. Mailing Address

12578 CORONADO DR.
Suite, Apt. #, etc.

City & State

SPRING HILL FL.

City & State

SPRING HILL FL

4. FEI Number

59-2475026

Applied For

Not Applicable

Zip

34609

Country

FLORIDA

Zip

34609

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, MITCHELL D.
621 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

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 **DOLORES M. CASAVANT TREES**

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 \$150.00
After May 1, 2002 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

TITLE **DP** ☐ Delete
NAME **CASAVANT, ROBERT L.**
STREET ADDRESS **9452 VANCOUVER RD**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Delete
NAME **CASAVANT, DOLORES M.**
STREET ADDRESS **9452 VANCOUVER RD**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

DOLORES M. CASAVANT TREES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-002

Date

352-688-1511

Daytime Phone #

CR2E034 (9/01)