

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00270

1. Entity Name

BOB & SHIRLEY ENTERPRISES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90007 031 ***150.00

Principal Place of Business

Mailing Address

2376 IMMOKALEE RD
GREENTREE CTR
NAPLES FL 33942
US

20110-1 GOLDEN PANTHER DRIVE
ESTERO FL 33928-2021
US

2. Principal Place of Business

3. Mailing Address

8554 FAIRWAY BEND DR
Suite, Apt. #, etc.

8554 FAIRWAY BEND DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. MYERS FL

FT. MYERS FL

4. FEI Number

59-2721109

Applied For

Not Applicable

Zip

Country

Zip

Country

33912

LEE

33912

LEE

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

BABBS, ROBERT L.
20110-1 GOLDEN PANTHER DR
ESTERO FL 33928

Name
BABBS ROBERT L

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

8554 FAIRWAY BEND DR.

City
FT. MYERS

FL

Zip Code
33912

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-3-00

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 PD ☐ Delete
NAME BABBS, ROBERT L.
STREET ADDRESS 20110-1 GOLDEN PANTHER DR
CITY-ST-ZIP ESTERO FL

TITLE P.D. ☒ Change ☐ Addition
NAME BABBS ROBERT L.
STREET ADDRESS 8554 FAIRWAY BEND DR.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☐ Delete
NAME BABBS, SHIRLEY J.
STREET ADDRESS 20110-1 GOLDEN PANTHER DR
CITY-ST-ZIP ESTERO FL

TITLE D ☒ Change ☐ Addition
NAME BABBS SHIRLEY J
STREET ADDRESS 8554 FAIRWAY BEND DR.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE DST ☐ Delete
NAME BABBS, SHIRLEY J.
STREET ADDRESS 20110-1 GOLDEN PANTHER DR
CITY-ST-ZIP ESTERO FL

TITLE DST ☒ Change ☐ Addition
NAME BABBS SHIRLEY J
STREET ADDRESS 8554 FAIRWAY BEND DR.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

(941) 947-0404

Daytime Phone #

CR2E034 (9/99)