

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90009 049 ***150.00

DOCUMENT # J27106

1. Entity Name
BOB LOCHER, INC.

Principal Place of Business
2951 CARRIAGE DRIVE
SOUTH DAYTONA FL 32119

Mailing Address
2951 CARRIAGE DRIVE
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2706652**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOCHER, ROBERT
2951 CARRIAGE DRIVE
SOUTH DAYTONA FL 32119

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVD
LOCHER, ROBERT
2951 CARRIAGE DRIVE
SOUTH DAYTONA FL ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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2951 CARRIAGE DRIVE
SOUTH DAYTONA FL ☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

7-24-02
(386) 761-3055
(386) 852-3777

Attachment 676001

J27/06

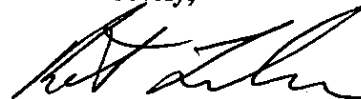
Bob Locher, Inc.
2951 Carriage Dr.
South Daytona, Fl. 32119

July 24, 2002

To Whom It May Concern,

I placed a call to your agency on July 24, 2002 to explain that the business form report came when we were away on vacation. I then realized I never got the first one in the beginning of the year. We were going through a loss through death at the time so I just never realized it didn't come. If you check back in your records we have never forgotten to pay this in the 16 years we have been in business. The gentleman I spoke to on the phone told me to send this letter explaining what happened and enclose the original amount of \$150.00. We are truly sorry for this error and hope this will resolve this matter.

Sincerely,



Robert Locher, Pres./VPRES.