

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46184

1. Entity Name

BOB'S FEATHERED FRIENDS, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90086 041 ***150.00

Principal Place of Business

7200 RIDGE RD.
PORT RICHEY FL 34668
US

Mailing Address

10405 LAKEVIEW DRIVE
NEW PORT RICHEY FL 34654-3527

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 59-2738015

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

MEHREN, ROBERT
10405 LAKEVIEW DR.
NEW PORT RICHEY FL 34654

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

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, 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 ☐ Delete
NAME MEHREN, ELLANOL D.
STREET ADDRESS 10405 LAKEVIEW DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DP ☐ Delete
NAME MEHREN ROBT
STREET ADDRESS 10405 LAKEVIEW DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE DP ☒ Delete
NAME MEHREN ROBT, JR.
STREET ADDRESS 10451 LAKEVIEW DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

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

TITLE ☐ Change ☒ Addition
NAME D MELISSA BRACEWELL
STREET ADDRESS 10405 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FLA. 34654

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

TITLE ☐ Change ☐ Addition
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:

Robert Mehren (Printed Name)
20502 MEHREN (Printed Signature)

Date

Daytime Phone #

1-25-00 (727) 245-7387