

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90084 044 ***150.00

DOCUMENT # J46184

1. Entity Name
BOB'S FEATHERED FRIENDS, INC.



Principal Place of Business
**7200 RIDGE RD.
PORT RICHEY FL 34668
US**

Mailing Address
**10405 LAKEVIEW DRIVE
NEW PORT RICHEY FL 34654**

00004207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT RICHEY, FL

Zip

Country

Zip

Country

34668

US

4. FEI Number **59-2738015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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)

7200 RIDGE RD

City

PORT RICHEY

FL

Zip Code

34668

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

ROBERT MEHREN

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **7200 RIDGE RD**
STREET ADDRESS **PORT RICHEY, FL**
CITY-ST-ZIP **34668**

TITLE **DVP** ☐ Delete
NAME **MEHREN, ROBERT JR**
STREET ADDRESS **12335 PERRA GEIA AVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT MEHREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)