

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90166 042 ***150.00

DOCUMENT # J59678

1. Entity Name

BOB THOMPSON'S COBRA MARINE ON SNAKE CREEK, INC.

Principal Place of Business

Mailing Address

**85920 OVERSEAS HWY
 ISLAMORADA FL 33036**

**234 S. FRANKLIN ROAD
 INDIANAPOLIS IN 46219-7720**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1162370**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**LUPINO, JAMES S
 90130 OLD HWY.
 TAVERNIER FL 33070**

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 | P | <input type="checkbox"/> Delete |
| NAME | THOMPSON, R. N. | |
| STREET ADDRESS | 234 S FRANKLIN RD | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46219 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | THOMPSON, BARBARA | |
| STREET ADDRESS | 234 S FRANKLIN RD | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46219 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

*Bob, Please sign
 & mail '8.*

*Thanks
 Joan*

**SIGN
 HERE**

13. I hereby certify that the info indicated on this report or 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:

R. N. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

3057 852-8524

Daytime Phone #

CR2E034 (9/99)