

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90006 015 \*\*\*150.00

**DOCUMENT # J94721**

1. Entity Name

**BOB'S BOAT YARD, INC.**

*LA*

Principal Place of Business

1976 S SUNCOAST BLVD.  
 HOMOSASSA FL 34448  
 US

Mailing Address

1976 S SUNCOAST BLVD.  
 HOMOSASSA FL 34448  
 US

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 **59-2855842**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PEELER, ROBERT V**  
**4538 GULFSTREAM DR**  
**SPRING HILL FL 34607**

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:

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEELER, ROBERT V	
STREET ADDRESS	4538 GULFSTREAM DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PEELER, CAROLYN T	
STREET ADDRESS	4538 GULFSTREAM DR	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	RICHARD A. KLEMM	<input checked="" type="checkbox"/> PRES
NAME	959 N. COLIN KELLY PT	
STREET ADDRESS	CRYSTAL RIVER, FL 34429	
CITY-ST-ZIP		
TITLE	DAVID G GRIFFIN	<input checked="" type="checkbox"/> PRES
NAME	1980 S. SUNCOAST BLVD	
STREET ADDRESS	HOMOSASSA FL 34448	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres, Owner*

Date

Daytime Phone #

*5/1/01 352-903-5150*

CR2E034 (10/00)