

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90399 012 \*\*\*150.00

**DOCUMENT # J94721**

1. Entity Name

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

Principal Place of Business

1976 S SUNCOAST BLVD.  
 HOMOSASSA FL 34448  
 US

Mailing Address

1976 S SUNCOAST BLVD.  
 HOMOSASSA FL 34448  
 US

00125088



DO NOT WRITE IN THIS SPACE

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

*No longer Owner  
 PASSED AWAY 6/29/02*

7. Name and Address of New Registered Agent

Name **ROBERT HUTCHINSON**

Street Address (P.O. Box Number is Not Acceptable)

**4261 S. ARROWHEAD DR**

**HOMOSASSA FL**

**34448**

City **HOMOSASSA**

**FL**

Zip Code **34448**

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

*Robert Hutchinson*

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**

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, 2002 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 **P** **KLEMM** ☐ Delete  
 NAME **KLEMM, RICHARD A**  
 STREET ADDRESS **859 N COLIN KELLY PL**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **VP** ☐ Delete  
 NAME **GRIFFIN, DAVID G**  
 STREET ADDRESS **1980 S SUNCOAST BLVD.**  
 CITY-ST-ZIP **HOMOSASSA FL 34448**

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition  
 NAME **KLEMM, RICHARD A.**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP **SPELLED WRONG**

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

TITLE ☐ Change ☐ Addition  
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 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:

*Richard A. Klemm* **PRES. RICHARD A. KLEMM, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (2/01)