FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State DOCUMENT # K91341 1. Entity Name 04-24-2002 90256 029 \*\*\*150.00 **BOB & JACK ENTERPRISES, INC.** Principal Place of Business Mailing Address JOHN R. REA. JR. JOHN R. REA. JR. 2501 PALM LAKES AVE. 2501 PALM LAKES AVE. FORT PIERCE FL 34981 FORT PIERCE FL 34981 3. Mailing Address 2. Principal Place of Business \_\_Suite\_Apt\_#, etc.\_\_\_\_ DO NOT WRITE IN THIS SPACE Suite, Apt.,#.,etc City & State Applied For City & State 4. FEI Number 65-0143608 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REA, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 2501 PALM LAKES AVENUE FORT PIERCE FL 34981 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.=Election Campaign Financing ====== \$5:00 мау ве-After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change ☐ Addition REA. JOHN R. SR. NAME 1215 S.11TH.ST STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STD TITLE NAME? NAME REA, JOHN R. JR. STREET ADDRESS 2501 PALM LAKE A VE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34981 ☐ Change ☐ Addition TITLE ☐ Delete TITLE REA-KATHLEEN B NAME STREET ADDRESS 1215 S 11 ST STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachmen

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF

CFR OR DIRECTOR