

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033755

1. Entity Name
BOBELLE HARRELL, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90010 047 ***150.00

Principal Place of Business

1050 RIVERSIDE AVENUE
POST OFFICE BOX 4550
JACKSONVILLE FL 32201

Mailing Address

1050 RIVERSIDE AVENUE
POST OFFICE BOX 4550
JACKSONVILLE FL 32201

2. Principal Place of Business
701 Fisk Street

3. Mailing Address
701 Fisk Street

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.
110

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32204 USA

Zip Country
32204 USA

4. FEI Number
59-3647784

Applied For
Not Applicable

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

YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32201

Name

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

Suite 110

City Jacksonville

FL

Zip Code 32204

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T ☐ Delete
NAME Bobelle W. Harrell
STREET ADDRESS 1233 Stow Avenue
CITY-ST-ZIP Pensacola, FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Bobelle W. Harrell, President

Date

Daytime Phone #

CR2E034 (10/00)