

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90029 048 \*\*\*150.00

0675063 FP

**DOCUMENT # P00000033755**

1. Entity Name  
**BOBELLE HARRELL, INC.**



Principal Place of Business  
**701 FISK ST  
SUITE 110  
JACKSONVILLE FL 32204**

Mailing Address  
**701 FISK ST  
SUITE 110  
JACKSONVILLE FL 32204**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**701 Riverside Park Place**

3. Mailing Address  
**701 Riverside Park Place**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

4. FEI Number **59-3647784**

Applied For  
☐ Not Applicable

Zip  
**32204**

Country  
**USA**

Zip  
**32204**

Country  
**USA**

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  
701 FISK ST  
SUITE 110  
JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**701 Riverside Park Place**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
HARRELL, BOBELLE W  
1233 STOW AVE  
PENSACOLA FL 32503** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Bobelle W. Harrell**  
**SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)