

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90014 043 \*\*\*150.00

MS2002 AV

**DOCUMENT # P00000052396**

1. Entity Name

**JOEL'S BOBCAT SERVICE, INC.**

Principal Place of Business

**1325 STALLINGS AVENUE  
 SPRING HILL FL 34609**

Mailing Address

**1325 STALLINGS AVENUE  
 SPRING HILL FL 34609**

2. Principal Place of Business

**10397 Canyon Pond Ct**

Suite, Apt. #, etc.

3. Mailing Address

**10397 Canyon Pond Ct**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Brooksville Florida**

City & State

**Brooksville Florida**

4. FEI Number

**59-3648009**

Applied For

Not Applicable

Zip

**34613**

Country

**USA**

Zip

**34613**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MERKSAMER, JOEL  
 1325 STALLINGS AVENUE  
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name

**AMATO, LORI**

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

**10397 Canyon Pond Ct.**

City

**Brooksville, FL**

**FL**

Zip Code

**34613**

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 ☒

**Lori Amato**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-10-02**

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 **DPST** ☒ Delete  
 NAME **MERKSAMER, JOEL**  
 STREET ADDRESS **1325 STALLINGS AVENUE**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DPST** ☒ Change ☐ Addition  
 NAME **AMATO, LORI**  
 STREET ADDRESS **10397 Canyon Pond Ct**  
 CITY-ST-ZIP **Brooksville, FL 34613**

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

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

TITLE ☐ Change ☐ 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 OF LOUISE AMATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02 (352)SP5-0041**

Date Daytime Phone #

CR2E034 (9/01)