1/30

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
01-30-2001 90127 045 ***150.00

DOCUMENT # P00000056701

1. Entity Name
J.R.'S BOBCAT SERVICE, INC.

Principal Place of Business	Mailing Address
1686 W HIBISCUS BLVD MELBOURNE FL 32901	1686 W HIBISCUS BLVD MELBOURNE FL 32901

20117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
305 Polaris Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach	City & State: FL
Zip: 32937 Country: USA	Zip: Country:

4. FEI Number 593655146 ☐ 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
O'BRIEN, JAMES M ESQ 1686 W HIBISCUS BLVD MELBOURNE FL 32901	Name: Jay + Deborah Ravel Street Address (P.O. Box Number is Not Acceptable): 305 Polaris Dr. City: Satellite Bch FL Zip Code: 32937

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, JAMES M ESQ 1686 W HIBISCUS BLVD MELBOURNE FL 32901 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deborah + Jay Ravel 305 Polaris Dr Satellite Beach, FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jay Ravel President 305 Polaris Dr. Sat. Bch FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32937 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] Jay D. Ravel 1-21-01 321-777-5268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #