

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 017 ***150.00

DOCUMENT # P00000072572

1. Entity Name
BOB & JIM'S UNDERGROUND, INC.

Principal Place of Business

**1521 GEORGIA AVE
 ST CLOUD FL 34769**

Mailing Address

**1521 GEORGIA AVE
 ST CLOUD FL 34769**

2. Principal Place of Business

1521 Georgia Ave.
 Suite, Apt. #, etc.

3. Mailing Address

1521 Georgia Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Cloud, Florida

Zip
34769

Country
USA Osceola

City & State
St. Cloud, Florida

Zip
34769

Country
Osceola

4. FEI Number **59-3657865**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROES, ROBERT
 1521 GEORGIA AVE
 ST CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P CROES, ROBERT 1521 GEORGIA AVE SAINT CLOUD FL 34769 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELK, JAMES R 430 VIRGINIA AVE SAINT CLOUD FL 34769 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert N. Croes R.E. Robert Croes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02 407-892-3582
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

871084 9/6/02

PD0000072572

To Whom It May Concern:

I hereby request the late fee be waived on this Uniform Business Report.

I do not remember receiving the 1st. request for this year, as for upcoming year's I believe I will remember due to amount of late fee.

Thanks

Robert Croes 9/6/02

Robert Croes