

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109166

1. Entity Name  
WHAT ABOUT BOB, INC.

FILED

02 NOV -6 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
915 E. BURGESS RD.  
PENSACOLA FL 32504

Mailing Address  
915 E. BURGESS RD.  
PENSACOLA FL 32504

2. Principal Place of Business  
8138 Third St.  
Suite, Apt. #, etc.

3. Mailing Address  
7707 Whitesands Blvd.  
Suite, Apt. #, etc.

City & State  
NAVARRE, FL.  
Zip  
32566  
Country  
USA

City & State  
NAVARRE BEACH, FL.  
Zip  
32566  
Country  
USA



2002 UBR

4. FEI Number 59-3386292

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, ROBERT  
915 E. BURGESS RD.  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name Robert Bailey  
Street Address (P.O. Box Number is Not Acceptable)  
7707 Whitesands Blvd.  
City NAVARRE BEACH FL Zip Code 32566

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]* DATE 9/9/02  
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 \$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	PTS BAILEY, ROBERT 915 E. BURGESS RD PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, F. E. 915 E. BURGESS RD PENSACOLA FL 32504	<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
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	PTS Bailey, Robert 7707 Whitesands Blvd. NAVARRE BEACH, FL. 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bailey, Kella 7707 Whitesands Blvd. NAVARRE BEACH, FL. 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008817319 11/06/02--01020--003 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *[Signature]* DATE 9/9/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)