

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90014 020 ***150.00

DOCUMENT # P00000117701

1. Entity Name
BOBALU'S, INC.

Principal Place of Business

**1114 FLEMING ST
KEY WEST FL 33040**

Mailing Address

**1114 FLEMING ST
KEY WEST FL 33040**

2. Principal Place of Business

3685 SEASIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3685 SEASIDE DRIVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

US

City & State

KEY WEST, FL

Zip

33040

Country

US

4. FEI Number

65-1076362

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

**TRACEY, ROBERT L
1114 FLEMING ST
KEY WEST FL 33040**

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.

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)

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**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	D	<input type="checkbox"/> Delete
NAME	TRACY, ROBERT L	
STREET ADDRESS	1114 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNTHER, JEFFREY	
STREET ADDRESS	1114 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JAMES	
STREET ADDRESS	1114 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7-B JADE DRIVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3054 PIGNATELLI CRESCENT	
CITY-ST-ZIP	MT. PLEASANT, SC 29466	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNTHER, KERRY A.	
STREET ADDRESS	7-B JADE DRIVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARD, DAMON W.	
STREET ADDRESS	1114 FLEMING STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kerry A. Gunther* **KERRY A. GUNTHER** 2/21/01 (305)294-4403 X106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)