7/12

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-12-2001 90121 013 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117783

1. Entity Name

BOBBINS INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
39 OKAWATCHEE CIR.	39 OKAWATCHEE CIR.
FT. WALTON BEACH	FT. WALTON BEACH
FL 32548	FL 32548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3686921 ☐ 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
KORSON, JOHN E	Name
7300 W. CAMINO REAL #126	Street Address (P.O. Box Number Is Not Acceptable)
BOCA RATON, FL 33433	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) ☐

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 ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	HARTLEY, GARY	NAME	JOHN E. KORSON
STREET ADDRESS	39 OKAWATCHEE CIR.	STREET ADDRESS	7300 W. CAMINO REAL #126
CITY-ST-ZIP	WALTON BEACH, FL 32548	CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: John E Korson JOHN E KORSON 7/6/01 (561) 750 0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #