

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91455 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067069

1. Entity Name  
**WALT'S BOBCAT, INC.**



JUL 16 2003

Principal Place of Business  
5935 URDEA RD  
JUPITER, FL 33458

Mailing Address  
5935 URDEA RD  
JUPITER, FL 33458

2. Principal Place of Business

3. Mailing Address  
**8680 Highway 441 SE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Okeechobee FL**

Zip

Country

Zip

Country

4. FEI Number  
**65-1126786**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FAIRCLOUGH, MICHAEL J  
8680 US HWY 441 SE  
OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent

Name  
**Walter Arrington**  
Street Address (P.O. Box Number is Not Acceptable)  
**8680 Highway 441 SE**  
City  
**Okeechobee** FL Zip Code  
**34974**

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
ARRINGTON, WALTER  
8680 US HWY 441 SE  
OKEECHOBEE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (10/02)

4/30/03