

PO1000098779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

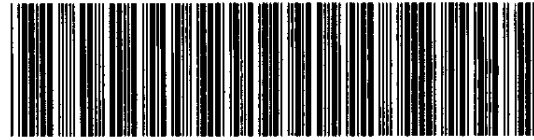
(Business Entity Name)

(Document Number)

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05/30/17--01027--004 \*\*10.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 26 P 4:49

FILED

MAY 31 2017  
T. LEMIEUX

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bill and Bob Enterprises, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000098779

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William F. Serpa, Jr.

Name of Contact Person

McD Sprinklers

Firm/Company

178 Hampton Circle

Address

Jupiter, FL 33458

City/State and Zip Code

mcdsprinklers@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William F. Serpa, Jr.

Name of Contact Person

at ( 561 ) 262-3850

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2017

WILLIAM F SERPA JR  
178 HAMPTON CIR  
JUPITER, FL 33458

SUBJECT: BILL & BOB ENTERPRISES, INC.  
Ref. Number: P01000098779

We have received your document for BILL & BOB ENTERPRISES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation not an LLC. The document you sent in is not correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 117A00008190

RECEIVED  
17 MAY 22 PM 4:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Bill and Bob Enterprises, Inc.
2. The principal office address: 10673 151st Lane North  
Jupiter, FL 33478
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P01000098779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert W. Olsker

10673 151st Lane North

Jupiter, FL 33478

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William F. Serpa, Jr.

178 Hampton Circle

P.O. Box NOT acceptable

Jupiter, FL 33458

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Robert W. Olsker

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

W 5/16/17  
Date

If signing on behalf of an entity:

William F. Serpa, Jr.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314