

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90037 047 ***150.00

DOCUMENT # P01000111848

1. Entity Name

MIKES BOBCAT SERVICE, INC.

Principal Place of Business

770 WILDBRIAR RD NE APT 102
PALM BAY FL 32905

Mailing Address

770 WILDBRIAR RD NE APT 102
PALM BAY FL 32905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 WILDBRIAR RD NE

3. Mailing Address

770 WILDBRIAR RD NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 102

APT 102

City & State

City & State

Palm Bay FL

Palm Bay FL

Zip

Country USA

Zip

Country USA

32905

32905

4. FEI Number

59-3254352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILES, MIKE

770 WILDBRIAR RD NE APT 102

PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

MIKE WILES

Street Address (P.O. Box Number is Not Acceptable)

770 WILDBRIAR RD NE

APT 102

City

Palm Bay

FL

Zip Code

32905

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 Michael Wiles Michael Wiles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-02

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, 2002 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MIKE WILES	
STREET ADDRESS	770 WILDBRIAR RD NE	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MIKE WILES	
STREET ADDRESS	770 WILDBRIAR RD	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MIKE WILES	
STREET ADDRESS	770 WILDBRIAR RD	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MIKE WILES	
STREET ADDRESS	770 WILDBRIAR RD	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Michael Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

Date

Daytime Phone #

321-508-5771

CR2E034 (9/01)