

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90169 026 ***150.00

DOCUMENT # **P02000011139**

1. Entity Name

Ralph's Bobcat Serv., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

325 Herons Run Dr. PO Box 51572

Suite, Apt. #, etc. **Apt. 803**

Suite, Apt. #, etc.

City & State **Sarasota, FL**

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4. FEI Number **710865601**

Applied For

Not Applicable

Zip **34232** Country **Sarasota**

Zip **34232** Country **Sarasota**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Eufracia Romero**

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

325 Heron's Run Dr. Apt. 803

City **Sarasota**

FL

Zip Code **34232**

**DO NOT WRITE
IN THIS SPACE**

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

Eufracia Romero

5/4/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Eufracia Romero**
STREET ADDRESS **325 Herons Run Dr. Apt 803**
CITY-ST-ZIP **Sarasota FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Eufracia Romero**
STREET ADDRESS **"**
CITY-ST-ZIP **"**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **Eufracia Romero**
STREET ADDRESS **"**
CITY-ST-ZIP **"**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer**
NAME **Eufracia Romero**
STREET ADDRESS **"**
CITY-ST-ZIP **"**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eufracia Romero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/03

Date

(941) 371-6684

Daytime Phone #

CR2E034B (12/02)