

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

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90039 023 \*\*\*550.00

001113 AV

DOCUMENT # **P02000043012**

1. Entity Name  
**BOBEK BUILDING SYSTEMS, INC.**



Principal Place of Business  
**1980 N. CAMERON AVE.  
SANFORD FL**

Mailing Address  
**1980 N. CAMERON AVE.  
SANFORD FL**



2. Principal Place of Business

3. Mailing Address

Suite/Apt./# etc.

Suite/Apt./# etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

**03-0438423**

Not Applicable

Zip

Country

Zip

Country

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

**BOBEK JOHN  
1980 N. CAMERON AVE  
SANFORD FL**

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

DATE

~~FILE NOW!!! FEE IS \$550.00~~

After September 10, 2003 Fee will be \$750.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D BOBEK, JOHN 1980 N. CAMERON AVE. SANFORD FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DIRECTOR + PRESIDENT</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/14/03 407-322-4500**  
Date Daytime Phone #

CFR2034 (4/03)