

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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91837 009 ***150.00

DOCUMENT # **PO2000098179**

1. Entity Name

BOB STAPLETON ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10637 117TH DRIVE

Suite, Apt. #, etc.

3. Mailing Address



Robert L. Stapleton
10764 126th Ave.
Largo, FL 33778-2708

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

Zip

33778

Country

FLORIDAS

Zip

Country

4. FEI Number

16-1626 177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert STAPLETON

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

10764 126 Ave

City

LARGO FL

FL

Zip Code

33778

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	Robert Stapleton Pres. VP - Sec. Gen. same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

Robert Stapleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

701-320-8839

Daytime Phone #

CR2E034B (12/02)