FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90062 001 ***300.00

DOCUMENT # P02000113585

1. Entity Name

BOB'S INSURANCE Advisory Services, INC

DO NOT WRITE IN THIS SPACE

66408664

2. Principal Place of Business	3. Mailing Address
19817 GLAZING GLOBE LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FLORIDA	City & State
Zip: 33558 Country: Hillsborough	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 223878511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ~~Spiegel & Utrera, P.A.~~ ROBERT G. GRIEVES

Street Address (P.O. Box Number is Not Acceptable) 19817 GLAZING GLOBE LANE

~~1840 Coral Way, 4th Floor~~

City LUTZ FL Zip Code 33558

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] ROBERT G. GRIEVES 3/27/04

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 Director (only)	TITLE	
NAME	Robert G. Grieves	NAME	
STREET ADDRESS	19817 GLAZING GLOBE LANE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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: [signature] 3/27/04 8139200854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #