

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90355 008 \*\*\*550.00

0097263 AV

**DOCUMENT # P02000120757**

**1. Entity Name**  
**BOBO TITLE INSURANCE AGENCY INC.**



**Principal Place of Business**  
**13703 ATTLEY PL**  
**TAMPA FL 33624**

**Mailing Address**  
**13703 ATTLEY PL**  
**TAMPA FL 33624**

**2. Principal Place of Business**

**3. Mailing Address**

**3415 Moran Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tampa, FL**

Zip

Country

Zip

Country

**33618**

**USA**

**4. FEI Number**

**13-4253106**

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BOBO, VICTOR**  
**13703 ATTLEY PL**  
**TAMPA FL 33624**

**7. Name and Address of New Registered Agent**

**Name** **Victor Bobo**  
**Street Address (P.O. Box Number is Not Acceptable)** **3415 Moran Road**  
**City** **Tampa** **FL** **Zip Code** **33618**

**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 the State of Florida.**

**SIGNATURE**

Signature of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/18/03** **7/18/03**

**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**

|  |  |                                 |
|--|--|---------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PSD</b><br><b>BOBO, TAMARA G</b><br><b>13703 ATTLEY PL</b><br><b>TAMPA FL 33624</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VTD</b><br><b>BOBO, VICTOR</b><br><b>13703 ATTLEY PL</b><br><b>TAMPA FL 33624</b>   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PSD</b><br><b>Bobo, Tamara G.</b><br><b>3415 Moran Road</b><br><b>Tampa, FL 33618</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VTD</b><br><b>Victor Bobo</b><br><b>3415 Moran Road</b><br><b>Tampa, FL 33618</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <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** **Victor Bobo**

Date

Daytime Phone #

**7/18/03** **813-908-2845**

CR2E034 (4/03)