

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122479

1. Entity Name
BRAD DECKER'S BOBCAT SERVICE, INC.



Principal Place of Business
180 EAST COUNTY ROAD 2006
BUNNELL, FL 32110

Mailing Address
P.O. BOX 1255
BUNNELL FL 32110

2. Principal Place of Business
180 E. County Road 2006

3. Mailing Address
Po Box 1255 Bunnell, FL 32110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bunnell FL

City & State
Bunnell FL

Zip
32110

Country
Flagler

Zip
32110

Country
Flagler

REINSTATEMENT 03-04

4. FET Number
32-1448842

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

DECKER, BRADLEY T
180 EAST COUNTY ROAD 2006
BUNNELL FL 32110

Name
Bradley T. Decker
Street Address (P.O. Box Number is Not Acceptable)
180 East County Road 2006
City
Bunnell FL Zip Code
32110

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

10-16-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DECKER, BRADLEY T
180 EAST COUNTY ROAD 2006
BUNNELL FL 32110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500027768185
01/29/04--01020--017 **900.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0120715 AT

FILED

04 JAN 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

