

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000083334

1. Entity Name
UCCELLO'S BOBCAT SERVICE, INC.



Principal Place of Business
100 PARADISE DRIVE
DELAND, FL 32720

Mailing Address
100 PARADISE DRIVE
DELAND, FL 32720

FILED

07 SEP 26 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 092007 REIN P CR2E098 (1/07) 02

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0314921

Applied For
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

UCCELLO, PHILLIP
100 PARADISE DRIVE
DELAND, FL 32720

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 \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT
NAME UCCELLO, PHILLIP ☐ Delete
STREET ADDRESS 100 PARADISE DRIVE
CITY-ST-ZIP DELAND, FL 32720

TITLE DT ☒ Change ☐ Addition
NAME UCCELLO, ROBERT P
STREET ADDRESS 100 PARADISE DRIVE
CITY-ST-ZIP DELAND, FL 32720

TITLE P
NAME PERKINS, ALEX ☐ Delete
STREET ADDRESS 111 E VILLA CAPRI CIRCLE APT H
CITY-ST-ZIP DELAND, FL 32724

TITLE ☐ Change ☐ Addition
NAME 300110183729
STREET ADDRESS 10/02/07--01040--014 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME *8/24/07*
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition
NAME UCCELLO, MICHAEL P
STREET ADDRESS 100 PARADISE DRIVE
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Phillip Uccello *Robert P Uccello* *8/24/07* *386 936 700*