

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90061 042 ***150.00

DOCUMENT # P31389

1. Entity Name
BOB'S SUPERETTE, INC.



Principal Place of Business
**13120 LILLIAN WAY
PENSACOLA FL 32506
US**

Mailing Address
**13120 LILLIAN WAY
PENSACOLA FL 32506
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **63-0947144**

Applied For
Not Applicable

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

**BARNETT, DONALD P
920 PARADISE BEACH CIRCLE
PENSACOLA FL 32506**

Name **Donald P. Barnett**
Street Address (P.O. Box Number is Not Acceptable)
3450 Navigator Ave.
City **Pensacola** FL Zip Code **32506**

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 *Donald P. Barnett*

(NOTE: Registered Agent signature required when reinstating)

DATE **1-14-02**

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **MESZAROS, ROBERT II**
STREET ADDRESS **10611 CO. RD. 95**
CITY-ST-ZIP **ELBERTA AL 36530**

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

TITLE **TD** ☐ Delete
NAME **MERCHANT, MARY**
STREET ADDRESS **27722 TOTSCH LANE**
CITY-ST-ZIP **ELBERTA AL 36530**

TITLE ☒ Change ☐ Addition
NAME **TD Merchant, Mary**
STREET ADDRESS *** 10367 Co. Rd. 95**
CITY-ST-ZIP **Elberta, AL 36530**

TITLE **SD** ☐ Delete
NAME **MERCHANT, HELEN**
STREET ADDRESS **10287 CO. RD. 95**
CITY-ST-ZIP **ELBERTA AL 36530**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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: *Mary Merchant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03
Date

850-455-8222
Daytime Phone #

CR2E034 (10/02)