

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90138 010 ***150.00

DOCUMENT # P94000067844

1. Entity Name

BOB SEYMOUR, INC.

Principal Place of Business

Mailing Address

PO BOX 226
 MYERS ANN ST (512)
 BRISTOL FL

PO BOX 226
 BRISTOL FL 32321-0226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEYMOUR, BOB
PO BOX 226
512 MYERS ANN ST
BRISTOL FL

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.

SIGNATURE

Bob Seymour
 Signature, typed or printed name of registered agent and title if applicable.

Bob Seymour President
 (NOTE: Registered Agent signature required when reinstating)

4/12/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PVTD			<input type="checkbox"/>
	SEYMOUR, BOB			<input type="checkbox"/>
	MYERS ANN STREET (512)			<input type="checkbox"/>
	BRISTOL FL			<input type="checkbox"/>
	ST			<input type="checkbox"/>
	SEYMOUR, LOIS			<input type="checkbox"/>
	MYERS ANN STREET (512)			<input type="checkbox"/>
	BRISTOL-FL			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Seymour, Lois			<input type="checkbox"/>	<input type="checkbox"/>
	Myers Ann Street (512)			<input type="checkbox"/>	<input type="checkbox"/>
	Bristol, FL 32321			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Bob Seymour
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00
 Date

850-6432254
 Daytime Phone #

CR2E034 (9/99)