

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056090

1. Entity Name
BOB & CINDYS MOBILE CATERING INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90054 015 ***150.00

Principal Place of Business 4603 COUNTRY HILLS COURT N PLANT CITY FL 33567	Mailing Address 4603 COUNTRY HILLS COURT N PLANT CITY FL 33567
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2. Principal Place of Business 4605 REECE RD Suite, Apt. #, etc. UNITS 1+2 City & State PLANT CITY FL Zip 33567 Country HILLS	3. Mailing Address 3309 JERRY SMITH RD Suite, Apt. #, etc. DOVER FLORIDA City & State 33527 Country HILLS
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3325186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUSMANO, ROBERT 4603 COUNTRY HILLS COURT N PLANT CITY FL 33567	
7. Name and Address of New Registered Agent 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 DATE **4-5-01**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSMANO, ROBERT 4603 COUNTRY HILLS COURT PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUSMANO, CINDY 4603 COUNTRY HILLS COURT PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT CUSMANO** Date **4-4-01** Daytime Phone # **813 757-2413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)