

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90019 020 ***150.00

DOCUMENT # P96000084736

1. Entity Name
BOBBY L. CAPEHART, INC.

Principal Place of Business Mailing Address
~~200 E. Bay St.~~ 501 E. Bay St. 5481 BRENTVIEW COURT
 JACKSONVILLE FL 32202 JACKSONVILLE FL 32210
 US

2. Principal Place of Business 3. Mailing Address
 501 E Bay St. Suite, Apt. #, etc.

City & State City & State
 Jacksonville, FL
 Zip Country Zip Country
 32202 Duval, USA

4. FEI Number **59-3407508** 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

CAPEHART, BOBBY L
5481 BRENTVIEW COURT
JACKSONVILLE FL 32210

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | DC CAPEHART, BOBBY L 5481 BRENTVIEW COURT JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Bobby Capehart*
 SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

2/6/02 (904)356-7142
 Date Daytime Phone #

CR2E034 (9/01)