

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091964

1. Entity Name

BOB HILGER SERVICE CENTER, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90013 014 ***150.00

Principal Place of Business

6560 85TH AVENUE NORTH
PINELLAS PARK FL 33781

Mailing Address

6560 85TH AVENUE NORTH
PINELLAS PARK FL 33781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3411433

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

ROBERTS, CALVIN C
6574 30TH AVENUE NORTH
ST. PETERSBURG FL 33710

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 P
NAME KENNETH D KATTENHORN ☐ Delete
STREET ADDRESS 221 8TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 26424 Bliss Street
CITY-ST-ZIP Brooksville, FL 34602

TITLE VP
NAME WILLIAM C KATTENHORN ☐ Delete
STREET ADDRESS 27170 SOULT RD
CITY-ST-ZIP BROOKSVILLE FL

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

TITLE S
NAME WILLIAM C KATTENHORN ☐ Delete
STREET ADDRESS 27170 SOULT RD
CITY-ST-ZIP BROOKSVILLE FL

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STREET ADDRESS 221 8TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 26424 Bliss Street
CITY-ST-ZIP Brooksville, FL 34602

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: *SL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

727-546-8055

Daytime Phone #

CR2E034 (10/00)