

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90115 045 ***150.00

DOCUMENT # P97000064884

1. Entity Name
BOBOBSTE, INCORPORATED.

Principal Place of Business

11605-16 CLEVELAND AVE
 FT MYERS FL 33907
 US

Mailing Address

2149 ~~SUNRISE~~ BLVD
 FT MYERS FL 33907-4168
 US

2. Principal Place of Business

3. Mailing Address

5500 DANA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS, FL

4. FEI Number

65-0775831

Applied For

Not Applicable

Zip

Country

Zip

Country

33905

Lee

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

BALLARD, CHARLES R SR.
5500 DANA RD
FT MYERS FL 33905

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	BALLARD, CHARLES R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5500 DANA RD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33905	CITY-ST-ZIP	
DS <input type="checkbox"/> Delete	BALLARD, CHARLES R JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5500 DANA RD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33905	CITY-ST-ZIP	
V <input type="checkbox"/> Delete	BALLARD, STEVEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2149 SUNRISE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. MEYERS FL 33907	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
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STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: *Charles R Ballard, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

(941) 693-9053

Daytime Phone #