

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90047 009 ***150.00

DOCUMENT # P98000059725

1. Entity Name

TORNADO BOBCAT & TRUCKING, INC.

Principal Place of Business

**16975 71ST LANE NORTH
 LOXAHATCHEE FL 33470**

Mailing Address

**16975 71ST LANE NORTH
 LOXAHATCHEE FL 33470**

2. Principal Place of Business

16975 71st Ln N

3. Mailing Address

16975 71st Ln N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee FLA

City & State

Loxahatchee FLA.

4. FEI Number

65-0888913

Applied For

Not Applicable

Zip

33470

Country

Palm Beach

Zip

33470

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, BRIAN K
 4946 NW 50TH ST
 COCONUT CREEK FL 33073**

**BRIAN BOGGS
 4946 NW 50TH ST
 COCONUT CREEK
 FL
 33073**

7. Name and Address of New Registered Agent

Name **BRIAN GLASMEYER**

Street Address (P.O. Box Number is Not Acceptable)

16975 71st Ln N

City

Loxahatchee

FL

33470

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, 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

TITLE **P** ☐ Delete

NAME **GLASMEYER, BRIAN**
 STREET ADDRESS **16975 71ST LANE NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VS** ☐ Delete

NAME **GLASMEYER, FAWN C**
 STREET ADDRESS **16975 71ST LANE NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Brian Glasmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

Daytime Phone #

CR2E034 (9/01)