

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000069579

1. Entity Name

Jeff's complete Tractor & septic work,
Inc.

FILED

02 OCT 28 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11921 Glen AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fl. Myers

City & State

4. FEI Number

65-0853867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Robert Bowers

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

23 Colorado Rd

City Zephyr Acres

FL

Zip Code 33936

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 Robert Bowers

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

(NOTE: Registered Agent signature required when re-registering)

10.21.02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 president
NAME Jeffrey Bock
STREET ADDRESS 11921 Glen AVE
CITY-ST-ZIP Ft. Myers FL 33905

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8000008606528
10/28/02--01048--001 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

10/31

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

10.21.02

Date

239-368-1505

Daytime Phone #

CR2E034B (12/01)