

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107361

1. Entity Name

BOB'S AUTO & MARINE UPHOLSTERY CO.

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90005 003 ***150.00

Principal Place of Business

3060 C WEST THARPE STREET
TALLAHASSEE FL 32303

Mailing Address

3060 C WEST THARPE STREET
TALLAHASSEE FL 32303

2. Principal Place of Business

3082 A W. THARPE ST

3. Mailing Address

3082 A THARPE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL 32303

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

59-3550291

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PSTD
KESSLING, ROBERT P
3060 C WEST THARPE STREET
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P98000107361

A0075898

I AM SORRY THAT I MISSED
THE FIRST REPORTING DATE
BUT I NEVER RECEIVED A UBR
FORM IN THE MAIL THE ONE
I HAVE NOW IS THE FIRST ONE I
RECEIVED.

OUR MAIL SERVICE IS VERY
POOR IN THIS AREA OF TOWN
THAT ARE SEVERAL BUSINESSES
AND WE ALL GET EACH OTHERS
MAIL MOST OF US REPLY THE
MAIL BUT I DID NOT RECEIVE MY
UBR.

THANK YOU CHC

ROBERT PHASSIN

