

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

BOBCO INC. CORPORATION

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90010 004 ***150.00

Principal Place of Business

Mailing Address

277 AZALEA DR.
UNIT D
DESTIN, FL 32541

00058347

2. Principal Place of Business

3. Mailing Address

277 AZALEA DR.
Suite, Apt. #, etc.
UNIT D

277 AZALEA DR.
Suite, Apt. #, etc.
UNIT D

City & State
DESTIN, FL 32541

City & State
DESTIN, FL

Zip
32541

Country
U.S.

Zip
32541

Country
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

593555433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIE LEWIS JR.
7389 REXFORD ST.
NAVARRE, FL 32566
(850) 939-0859

7. Name and Address of New Registered Agent

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

WILLIE LEWIS *Willie Lewis Jr.*

5.5.2000

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

| | |
|---|---------------------------------|
| TITLE PRESIDENT | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE VICE-PRESIDENT | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE SECRETARY | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE TREASURER | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE CORPORATE ADMINISTRATOR | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|--|
| TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIE LEWIS JR. | |
| STREET ADDRESS 7389 REXFORD ST. | |
| CITY-ST-ZIP NAVARRE, FL 32566 | |
| TITLE VICE-PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LAFAYETTE TURNER | |
| STREET ADDRESS PO BOX 5659 | |
| CITY-ST-ZIP NAVARRE, FL 32566 | |
| TITLE SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIE LEWIS JR. | |
| STREET ADDRESS PO BOX 5659 | |
| CITY-ST-ZIP NAVARRE, FL 32566 | |
| TITLE TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LAFAYETTE TURNER | |
| STREET ADDRESS P.O. BOX 5659 | |
| CITY-ST-ZIP NAVARRE, FL 32566 | |
| TITLE CORPORATE ADMINISTRATOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LAFAYETTE TURNER | |
| STREET ADDRESS P.O. BOX 5659 | |
| CITY-ST-ZIP NAVARRE, FL 32566 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (9/99)

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 #