

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90078 034 ***150.00

DOCUMENT # P99000002790

1. Entity Name
 BOBCO CORPORATION

Principal Place of Business

~~277 AZALEA DR~~ **(SP) 277 AZALEA DR.**
 UNIT D
 DESTIN FL 32541

Mailing Address

P.O. BOX 844
 MARY ESTHER FL 32569 - 0844

2. Principal Place of Business

277 AZALEA DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
UNIT D

City & State

DESTIN, FL

City & State

Zip

Zip

32541

Country

USA

Zip

Country

4. FEI Number

59-3555433

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

(P) TURNER, LAFAYETTE
~~277 AZALEA DR~~ **277 AZALEA DR**
 UNIT D
 DESTIN FL 32541

7. Name and Address of New Registered Agent

(P) LAFAYETTE TURNER
 Street Address (P.O. Box Number is Not Acceptable)
277 AZALEA DR.
UNIT D
 City **DESTIN** **FL** Zip Code **32541**

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 **LEWIS, WILLIE JR**
STREET ADDRESS **P.O. BOX 844**
CITY-ST-ZIP **MARY ESTHER FL 32569 - 0844**

TITLE **V** ☐ Delete

NAME **TURNER, LAFAYETTE**
STREET ADDRESS **P.O. BOX 844**
CITY-ST-ZIP **MARY ESTHER FL 32569 - 0844**

TITLE **C** ☐ Delete

NAME **JONES, BEVERLY**
STREET ADDRESS **P.O. BOX 844**
CITY-ST-ZIP **MARY ESTHER FL 32569 - 0844**

TITLE **M** ☐ Delete

NAME **CUNNINGHAM, LORI**
STREET ADDRESS **P.O. BOX 844**
CITY-ST-ZIP **MARY ESTHER FL 32569 - 0844**

TITLE **C** ☐ Delete

NAME **MADDOX, DEVON**
STREET ADDRESS **P.O. BOX 844**
CITY-ST-ZIP **MARY ESTHER FL 32569 - 0844**

TITLE **SIX** ☒ Addition ☐ Delete

NAME **ROSE BAKER**
STREET ADDRESS **PO BOX 844**
CITY-ST-ZIP **MARY ESTHER, FL 32569 - 0844**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Change ☒ Addition

NAME **GABRIEL Benjamin**
STREET ADDRESS **PO BOX 844**
CITY-ST-ZIP **Mary Esther, FL 32569-0844**

TITLE **SIX** ☐ Change ☒ Addition

NAME **ROSE BAKER**
STREET ADDRESS **PO BOX 844**
CITY-ST-ZIP **MARY ESTHER, FL 32569-0844**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

LAFAYETTE TURNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.02

850.243-8008

Date

Daytime Phone #

CR2E034 (9/01)