

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028533

1. Entity Name

BOB RIMES DELIVERIES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90015 011 ***158.75

Principal Place of Business

Mailing Address

501 GOODLETTE ROAD N. B-105
NAPLES FL 34102

501 GOODLETTE ROAD N. B-105
NAPLES FL 34102-5664

2. Principal Place of Business

1100 6th AVE South

3. Mailing Address

1100 6th AVE. South

Suite, Apt. #, etc.

221B

Suite, Apt. #, etc.

221B

City & State

Naples, Fla.

City & State

Naples, Fla.

Zip

34102

Country

Collier

Zip

34102

Country

Collier

4. FEJ Number

59-3580588

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

RIMES, ROBERT
501 GOODLETTE ROAD N, B-105
NAPLES FL 34102

Name

SAME

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

1100 6th AVE. South Suite 221B

Naples

City

FL

Zip Code

34102

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, 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 ☐ Delete
NAME D
STREET ADDRESS RIMES, ROBERT
CITY-ST-ZIP P.O. BOX 11168
NAPLES FL 34101

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Robert Rimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000
Date

941
435-8225
Daytime Phone #

CR 1014 (9/99)