

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049416

1. Entity Name
BOBLINDA, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90274 024 ***150.00

Principal Place of Business
**2368 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305**

Mailing Address
**2368 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305**

00037478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0924567**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WILCOX, ROBERT J
9139 N.W. 41 MANOR
CORAL SPRINGS FL 33065**

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
**2817 N.W. 7th AVE
WILTON MANORS, FLORIDA
FL 33311**

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, 2001 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 **P** ☐ Delete
NAME **WILCOX, ROBERT J**
STREET ADDRESS **9139 NW 41ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **2817 N.W. 7th AVE**
CITY-ST-ZIP **WILTON MANORS, FL 33311**

TITLE **VP** ☐ Delete
NAME **WILCOX, LINDA J**
STREET ADDRESS **9139 NW 41ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **2817 N.W. 7th AVE**
CITY-ST-ZIP **WILTON MANORS, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

954-564-460

Daytime Phone #

CR2E034 (10/00)