

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90140 005 ***150.00

0363891 AV

DOCUMENT # P99000075788

1. Entity Name
MC BOBCAT & BOXBLADE, INC.

Principal Place of Business
381 53RD DRIVE NORTH
WEST PALM BEACH FL 33415

Mailing Address
381 53RD DRIVE NORTH
WEST PALM BEACH FL 33415

B0068096



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
65-0645575

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

CAMPOS, MAINOR
6129 CAMP LEE ROAD
WEST PALM BEACH FL 33417

Name

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

381 53RD DRIVE N.

City

W. PALM BEACH

FL

Zip Code

33417

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 **X**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CAMPOS, MAINOR**
 STREET ADDRESS **6129 CAMP LEE ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DPTS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **381 53RD DRIVE N.**
 CITY-ST-ZIP **W. PALM BEACH FL 33417**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Laura P. Campos**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02

Date

(561)640-5649

Daytime Phone #

CR2E034 (9/01)