FILED Apr 19, 2001 8:00 am **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000091443

BOBCAN, INC.					04-19-2001 90330 037 ***150.00				
Principal Place 501 SW 32ND T CAPE CORAL FL	ER	Mailing Address 1417 SE 12TH TERR CAPE CORAL FL 33990 US							
•	ace of Business Royal Tee Cir. #, etc.	3. Mailing Address 11 5 2	Tee Cir	•		DO NOT WRITE	IN THIS SPACE		
City & State Coral FL		Cupe Corel, F		4. F	FEI Number 65-0954283			Applied For Not Applicable	
3399\$ Country Lee		3 3 3 3	Country Lee	-ee 5. C		itus Desired	S8.75 Add Fee Require	ditional	
 	6. Name and Address of Current R	egistered Agent	Name	7. N	ame and Addr	ess of New Rec	gistered Agent		
BURGESS, ROBERT 601 SW 32ND TER			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	CORAL FL 33914		\\57	-	20 ya 1 7	ee Ci			
8. The above	named entity submits this statement for	the nurnose of changing its re	City Ca		ral	he State of Flori	FL Zig33	194	
SIGNATURE _	Signature, typed or printed name of registored agent an		Registered Agent signature				DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00	10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND D		12.	AD	DITIONS/CHAI	NGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURGESS, ROBERT 601 SW 32ND TER CAPE CORAL FL 33914	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11522 Cape	Royal	Tee (屋 Change こくで、 ろうちもか	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP				☐ Change	Addition	

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.

IING OFFICER OR DIRECTOR