


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90733 021 \*\*\*150.00

**DOCUMENT # P99000091443**

1. Entity Name  
**BOBCAN, INC.**



Principal Place of Business  
**11522 ROYAL TREE CIRCLE  
CAPE CORAL, FL 33990**

Mailing Address  
**11522 ROYAL TREE CIRCLE  
CAPE CORAL, FL 33990 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

**5. Name and Address of Current Registered Agent**

**BURGESS, ROBERT**  
**11522 ROYAL TREE CIRCLE**  
**CAPE CORAL, FL 33990**

**7. Name and Address of New Registered Agent**

Name

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

City

FL Zip Code

4. FEI Number **65-0954283**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Burgess* DATE **4/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$250.00  
Make Check Payable To Florida Department of State

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BURGESS, ROBERT	11522 ROYAL TREE CIRCLE	CAPE CORAL, FL 33990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Burgess* DATE: **4/8/03** DAYTIME PHONE: **(939) 275-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)