

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094225

1. Entity Name

CHARLIES BOBCAT SERVICES, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90092 041 \*\*\*150.00

Principal Place of Business

3700 LLOYD DRIVE  
FT LAUDERDALE FL 33309

Mailing Address

3700 LLOYD DRIVE  
FT LAUDERDALE FL 33309-5017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-0960594

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

GIRNUN, MORRIS A  
3700 LLOYD DRIVE  
FT LAUDERDALE FL 33309

Name

Bruce, Charles

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

3700 Lloyd Dr

City

FT LAUDERDALE FL

Zip Code

33309

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

*Charles Bruce*

2-28-00

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	D	<input type="checkbox"/> Delete
NAME	BRUCE, CHARLES	
STREET ADDRESS	3700 LLOYD DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce, Charles	
STREET ADDRESS	3700 Lloyd Dr	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vicki Bruce	
STREET ADDRESS	3700 Lloyd Dr	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

*Vicki Bruce*

2-28-00

CR2E034 (9/99)