

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90025 001 ***150.00

DOCUMENT # P99000101562

1. Entity Name
BOB'S 12" IN CHIPS, INC.



Principal Place of Business

**9010 SW 28TH TERRACE
 MIAMI FL 33165**

Mailing Address

**9010 SW 28TH TERRACE
 MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0963295

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**TICE, JAMES E
 16220 SW 280TH STREET
 HOMESTEAD FL**

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	SMITH, ROBERT J	
STREET ADDRESS	9010 SW 28TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert J Smith* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

JAMES E. TICE ASSOCIATES

Accountants
16220 S.W. 280th Street
Homestead, Florida 33031

Attachment
#P990010152
Bob's 12

Telephone: (305) 247-3700
Fax: Call First
Cellular Phone: 305-322-5715

September 6, 2001

Division of Corporations
Unified Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302 1500

Gentlemen,

Re: Bob's 12" in Chips, Inc.
9010 SW 28th Terrance
Miami, Florida 33185

Please be advised that Mr. Smith did not receive the original form for filing the annual report and as he was new in business he did not know to ask about it. Please accept this check and filing at this time.

Thank you for this consideration.

Sincerely,

James E. Tice
James E., Tice
Accountant