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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S37034 (3)

1. Corporation Name

BOB'S MOBILE DOG GROOMING INC.

Principal Place of Business

2310 HAMPTON BRIDGE RD.  
DELRAY BEACH FL 33445  
US

Mailing Address

2310 HAMPTON BRIDGE RD.  
DELRAY BEACH FL 33445-7100  
US



3. Date Incorporated or Qualified

03/07/1991

3a. Date of Last Report

07/16/1996

4. FEI Number

65-0256826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KASDEN, ROBERT J.  
2310 HAMPTON BRIDGE RD.  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

Randy M. Kasden

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

2310 Hampton Bridge Rd

83

84 City

Delray Bch

FL

85 Zip Code

33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Randy M. Kasden

UP

4-28-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
KASDEN, ROBERT J.  
STREET ADDRESS  
2310 HAMPTON BRIDGE RD.  
CITY-ST-ZIP  
DELRAY BEACH FL

1.2 TITLE ☐ DELETE

1.3 NAME

1.4 STREET ADDRESS

1.5 CITY-ST-ZIP

1.6 TITLE ☐ DELETE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 TITLE ☐ DELETE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY-ST-ZIP

1.14 TITLE ☐ DELETE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY-ST-ZIP

1.18 TITLE ☐ DELETE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
Kasden, Randy M.  
STREET ADDRESS  
2310 Hampton Bridge Rd  
CITY-ST-ZIP  
Delray Bch FL 33445

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randy M. Kasden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

561 499 3066

Daytime Phone #

CR2E034 (9/96)