

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S37034**

1. Entity Name

**BOB'S MOBILE DOG GROOMING INC.****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90100 050 \*\*\*150.00

Principal Place of Business

8475 VIA D'ORO  
BOCA RATON FL 33433  
US

Mailing Address

8475 VIA D'ORO  
BOCA RATON FL 33433  
US

2. Principal Place of Business

12573 Oak Run Ct

Suite, Apt. #, etc.

3. Mailing Address

12573 Oak Run Ct

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Boynton Bch FL

City &amp; State

Boynton Bch FL

4. FEI Number 65-0256826

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

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

## 6. Name and Address of Current Registered Agent

KASDEN, ROBERT J.  
8475 VIA D'ORO  
BOCA RATON FL 33433

## 7. Name and Address of New Registered Agent

Name

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

12573 Oak Run Ct

City

Boynton Bch

FL

Zip Code

33436

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

Robert J. Kasden Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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 \$150.00****After MAY 1, 2001 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

TITLE V ☐ Delete  
NAME KASDEN, ROBERT J.  
STREET ADDRESS 8475 VIA D'ORO  
CITY-ST-ZIP BOCA RATON FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 12573 Oak Run Ct  
CITY-ST-ZIP Boynton Bch FL 33436TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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. Kasden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)