DOCUMENT # P00000009313

1. Entity Name
Rick's Bonding Agency, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90247 036 ***150.00

Principal Place of Business	Mailing Address
2409 N/E 8TH RD OCALA FLA 34470	2409 N/E 8TH RD OCALA FLA 34470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2409 N/E 8TH RD	2409 N/E 8TH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA Florida	City & State: OCALA Florida
Zip: 34470 Country: U. S.	Zip: 34470 Country: U. S.

4. FEI Number: 65-0980618 ☐ 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
TANT, RICHARD 2409 N/E 8TH RD OCALA FLA. 34470	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]
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) ☒

[redacted]

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	P/O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Stolowylsky, Linda	NAME	
STREET ADDRESS	2409 N/E 8TH RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FLA 34470	CITY-ST-ZIP	
TITLE	Secretary + Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TANT Richard	NAME	
STREET ADDRESS	2409 N/E 8TH RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FLA 34470	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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.