FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State
08-21-2002 90049 036 ***155.00

DOCUMENT # P02000099313

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

DO NOT WRITE IN THIS SPACE

123910

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 FLA	City & State: OCALA FLA
Zip: 34470 Country: MARION	Zip: 34470 Country: MARION

4. FEI Number: 65-0980618 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard Tant

Street Address (P.O. Box Number is Not Acceptable): 2409 N/E 8TH RD

City: OCALA **FL** Zip Code: 34470

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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director PD Linda Stolowitz 1955 NW 17 Ave Miami FLA 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer S+D Richard Tant 2409 N/E 8TH RD OCALA FLA 34470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ AUG 14 2002 13523585667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Aug. 14, 2002

123910

Dear Division of corporations I did not receive either notice on ubr . please waive the fee .thank you
Richard Tant Rick's bonding agency