2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State P00000009313 DOCUMENT # 04-23-2003 90069 024 ***158.75 1. Entity Name RICKS BONDING AGENCY, INC. Principal Place of Business Mailing Address 2409 NE 8TH RD 2409 NE 8TH RD 11007477 OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 2409 % 6 3. Mailing Address 2409 M if with CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0980618 City & State City & State Applied For OCAIA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANT, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2409 NE 8TH RD OCALA FL 34470 City OCD/X 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PresiDent PINC YPN CR2E034 (10/02) Change _ TITLE Delete TITLE RICLORD A STOLOWILSKY, LINDA* NAME NAME STREET ADDRESS 1955 N.W. 17TH AVENUE STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE **Delete** TANT, RICHARD NAME NAME 1955 N.W. 17TH AVENUE STREET ADDRESS STREET ADDRESS FIA, 34470 CITY-ST-7IP **MIAMI FL 33125** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 10 or Block 11 if

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RPR. 1 69 2003 /352 368566 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered