

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058187

1. Entity Name

ACCREDITED BOND AGENCIES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90310 006 ***158.75

Principal Place of Business
918 SOUTH ORANGE AVENUE
ORLANDO FL 32806

Mailing Address
P.O. BOX 568529
ORLANDO FL 32856-8529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Park Avenue S.

Suite, Apt. #, etc.

Suite 320

City & State

Winter Park

3. Mailing Address

P.O. Box 2067

Suite, Apt. #, etc.

City & State

Winter Park

4. FFI Number 59-3457839

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNOW JALLAD, DEBORAH
918 SOUTH ORANGE AVENUE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: Jallad, Deborah
Street Address (P.O. Box Number is Not Acceptable): 400 Park Ave. S., Suite 320
City: Winter Park, FL Zip Code: 32789

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: Deborah Jallad

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/17/01

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 NAME STREET ADDRESS CITY-STATE-ZIP	DCV JALLAN, DEBORAH S 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DSV JALLAD, SHARON S 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD JALLAD, L. SAMIR 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD JALLAD, JOHNNY J 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V NEWMAN, GENE R 918 SOUTH ORANGE AVENUE ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer N	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D.C Jallad, Deborah S. 400 Park Ave. S., Suite 320 Winter Park, FL 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Jallad, Sharon S. 400 Park Ave. S., Suite 320 Winter Park, FL 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Jallad, Sharon S. 400 Park Avenue S., Suite 320 Winter Park, FL 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Jallad, Johnny J. 400 Park Ave. S., Suite 320	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Newman, Russell Gene 400 Park Ave. S., Suite 320 Winter Park, FL 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Nimmo, Thomas 400 Park Ave. S. Suite 320 Winter Park, FL 32789	☐ Change ☐ Addition

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 I so empowered.

SIGNATURE: Deborah Jallad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 407-629-2131

CR2E034 (10/00)