

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0089604 AV

DOCUMENT # P97000058187

1. Entity Name

ACCREDITED BOND AGENCIES, INC.

04-15-2002 90061 036 ***158.75

Principal Place of Business

400 PARK AVE. S.

SUITE 320

WINTER PARK FL 32789

Mailing Address

P.O. BOX 2067

WINTER PARK FL 32790-2067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3457839

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JALLAD, DEBORAH ✓

400 PARK AVE S.

SUITE 320

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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-ST-ZIP	DC JALLAN, DEBORAH S 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALLAD, SHARON S 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALLAD, L. SAMIR 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JALLAD, JOHNNY J 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWMAN, GENE R 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIMMO, THOMAS 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jallad, Deborah	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 like empowered.

SIGNATURE:

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

2/4/02

Date

407-629-2131

Daytime Phone #

CR2E034 (9/01)