

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90783 022 ***158.75

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1. Entity Name
ACCREDITED BOND AGENCIES, INC.



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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JALLAD, DEBORAH
400 PARK AVE S.
SUITE 320
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JALLAD, DEBORAH 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	SV JALLAD, L. SAMIR 400 PARK AVE. S., SUITE 320 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/03

407-629-2131

CR2E034 (10/02)