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

## DOCUMENT # P97000058187

1. Entity Name

ACCREDITED BOND AGENCIES, INC.



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

04-14-2003 90783 022 \*\*\*158.75

Principal Plac	ce of Business	Mailing Address						
400 PARK AVE. S. P.O. BOX 2067		•	÷					
SUITE 320		WINTER PARK FL 32790-2067						
WINTER PAR	K FL 32789			1900   1000		FIRE INTER HORD	18 18 18 80 18 81	
	*							
2. Principal F	Place of Business	3. Mailing Address			<u> </u>			
2. Third part lage of Saanless		o. Maining Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>				
Guite, Apr. #, did.		Suite, Apr. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State City & State				4 EEI Number	4. FEI Number 50 2457000		Applied For	
Ony a state		Only distance		4. FEI Number 59-345	7839	<u> </u>	t Applicable	
Zip Country		. Zin	Country			<del> </del>		
ΖIÞ	Country	Zip	Country	5. Certificate of Status Desired		<b>\$8.75</b> Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
14.1 4.5	2572741		Name	<u>-</u>		-		
Jallad, Deborah			Street Address (P.O. Box Number is Not Acceptable)					
400 PARK AVE S.			5.000,7.0010.	areat Address (n.d. box Number is Not Acceptable)				
SUITE 32	rn							
WINTER PARK FL 32789			City		FL	Zip Code	е	
• 7			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	egisterea office or regis	stered agent, or both, in the State	of Florida. Tam ta	ımıllar with, a	and accept	
trie conga	tions of registered agent.							
SIGNATURE		,						
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE			
			- 3500-7					
	ILE NOW!!! FEE IS \$150.00			9. Election Campa	gn Financing	\$5.0	<b>0</b> May Be	
	r May 1, 2003 Fee will be \$550.00	Charles		Trust Fund Conti	ibution.		to Fees	
Make Check	k Payable to Florida Department of							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
TITLE	DC	☐ Delete	TITLE			Change	☐ Addition	
NAME	JALLAD, DEBORAH		NAME					
STREET ADDRESS	400 PARK AVE. S., SUITE 320		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP					
TITLE	D		TITLE			☐ Change	Addition	
	<del>-</del>	□ Delete					Addition	
NAME	JALLAD, SHARON S		NAME					
STREET ADDRESS	400 PARK AVE. S., SUITE 320		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP					
TITLE	SV	Delete		V.D <	ا جمد. سسد	.Change_	Addition_	
NAME	JALLAD, L. SAMIR		NAME					
STREET ADDRESS	h		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE P	TD			☐ Addition	
NAME	JALLAD, JOHNNY J	i Delete	NAME	• •		Change .		
STREET ADDRESS								
	400 PARK AVE. S., SUITE 320		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			Change	☐ Addition	
NAME	NEWMAN, GENE R		NAME ]					
STREET ADDRESS	400 PARK AVE. S., SUITE 320		STREET ADDRESS					

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

WINTER PARK FL 32789

WINTER PARK FL 32789

400 PARK AVE. S., SUITE 320

NIMMO, THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

407-629-213

Change

☐ Addition

Date

CR2E034 (10