

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90772 016 ***150.00

DOCUMENT # P98000093970

1. Entity Name
FLORIDA SURETY BONDS, INC.



Principal Place of Business
**222 S WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**222 S WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business
417 CenterPointe Circle
Suite, Apt. #, etc.
#1701

3. Mailing Address
417 CenterPointe Circle
Suite, Apt. #, etc.
#1701

CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs FL
Zip
32701
Country

City & State
Altamonte Springs FL
Zip
32701
Country

4. FEI Number **59-3539774**

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

**REICH, JEFFREY W
222 SOUTH WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714**

Name **Jeffrey W. Reich**
Street Address (P.O. Box Number is Not Acceptable)
417 CenterPointe Circle
Ste. 1701
City **Altamonte Springs FL** Zip Code **32701**

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 Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
P	REICH, JEFFREY	222 S. WESTMONTE DR., STE 211	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Reich, Jeffrey	417 CenterPointe Circle, Ste. 1701	Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T	Susan Reich	417 CenterPointe Circle, Ste. 1701	Altamonte Springs FL 32701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Jeffrey W. Reich **3/28/03** **407-786-7770**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)