

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242202

1. Entity Name

BOND AND COMPANY, JEWELERS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90131 013 ***150.00

Principal Place of Business

Mailing Address

333 THIRD AVE. NO.
500
ST PETERSBURG FL 33701
US

333 THIRD AVE. NO.
500
ST PETERSBURG FL 33701-3833
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0936401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNOLD E. SHAVLAN
333 3RD AVE. NO.
500
ST PETERSBURG FL 33701

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, 2000 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

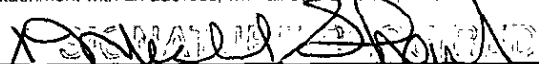
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	☐ Delete
NAME	SHAVLAN, ARNOLD E	
STREET ADDRESS	333 3RD AVE. NO., #500	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	TD	☐ Delete
NAME	SHAVLAN, ARNOLD E	
STREET ADDRESS	333 3RD AVE. NO., #500	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VPS	☐ Delete
NAME	SHAVLAN, MICHAEL	
STREET ADDRESS	333 3RD AVE. NO., #500	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	P	☐ Delete
NAME	SHAVLAN, MARVIN	
STREET ADDRESS	333 3RD AVE. NO., #500	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/11/00 727-821-2581x
Date Daytime Phone # 302

CR2E034 (9/99)