2003 FOR PROFIT CORPORATION

FILED Feb 12, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State 242202 **DOCUMENT #** 02-12-2003 90059 005 ***150.00 1. Entity Name BOND AND COMPANY, JEWELERS, INC. Mailing Address Principal Place of Business 333 THIRD AVE. NO. 333 THIRD AVE. NO. 500 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-0936401 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired ____ _ Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHANLAN ARNOLD E. SHAVLAN ber is Not Accept to le 333 3RD AVE. NO. 500 ST. PETERSBURG FI 33701 PETERS BURG 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 above named er visubmit the obligations of regit red age SIGNATURE agent and title if applicable Signature, typ FILE NOW!!! FEE IS 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE SHAVLAN, ARNOLD E NAME NAME STREET ADDRESS 333 3RD AVE. NO., #500 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TD TITLE NAME SHAVALAN, ARNOLD E NAME STREET ADDRESS 333 3RD AVE. NO., #500 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete **VPS** TITLE NAME SHAVALAN, MICHAEL NAME STREET ADDRESS 333 3RD AVE. NO., #500 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME SHAVLAN, MARVIN NAME STREET ADDRESS 333 3RD AVE. NO., #500 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the informindicated on this report or su of the corporation or the repe ation 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 plemental 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 ver or trustee inpowered 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 attachme

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RECMAINNED SUNULAN PRISIDENT