2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2000 8:00 am **DOCUMENT # 354202 Secretary of State** BILL DAILEY BONDING AGENCY, INC. 02-16-2000 90040 039 ***150.00 Principal Place of Business Mailing Address 2632 HOLLYWOOD BOULEVARD 2632 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 HOLLYWOOD FLA 33020-4847 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1276763 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAILEY WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2632 HOLLYWOOD BLVD **HOLLYWOOD FL 33020** Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE TITLE NAME NAME DAILEY, WILLIAM STREET ADDRESS STREET ADDRESS 2632 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Change Delete TITLE DAILEY, SUZANNE S NAME STREET ADDRESS STREET ADDRESS 2632 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.