

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0457768

04-30-2001 90011 023 ***150.00

DOCUMENT # 685702

1. Entity Name

DENNIS G. BONDURANT ENTERPRISES, INC.

Principal Place of Business

8333-103RD STREET
 JACKSONVILLE FL 32210
 US

Mailing Address

PO BOX 7746
 JACKSONVILLE FL 32238
 US

2. Principal Place of Business

8333-103RD Street
 Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
 P.O. Box 7746
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-2017613

Applied For

Not Applicable

Zip

32210

Country

DUVAL

Zip

32238

Country

DUVAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONDURANT, MARGIE N.
 8333 103RD ST., 5210 MAGNOLIA OAKS LANE
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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, 2001 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: PD
 NAME: BONDURANT, MARGIE N. Delete
 STREET ADDRESS: 8333 103RD ST.
 CITY-ST-ZIP: JACKSONVILLE FL

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

TITLE: ST
 NAME: TODD, BESSIE NELL Delete
 STREET ADDRESS: 8333 103RD ST.
 CITY-ST-ZIP: JACKSONVILLE FL

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

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
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 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: Margie N. Bondurant MARGIE N. BONDURANT 4-25-01 904-777-0802
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)