

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # 691808**1. Entity Name
BILL ARFLIN BONDING AGENCY, INC.Principal Place of Business
303 NORTH LIBERTY STREET
JACKSONVILLE FL 32202Mailing Address
303 NORTH LIBERTY STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2096232

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**TASSONE, FRANK JR.**
1833 ATLANTIC BLVD.**JACKSONVILLE FL****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 _____ **05/17/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	PLATT, MYLEY A.	303 LIBERTY ST.	JACKSONVILLE FL	<input type="checkbox"/> Delete
D	SCHOLL CAREY F	303 LIBERTY ST.	JACKSONVILLE FL	<input type="checkbox"/> Delete
CD	ARFLIN TRACY	303 NORTH LIBERTY STREET	JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
VP	SCOTT CLINTON	303 NORTH LIBERTY STREET	JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
PD	LOWERY VONCILE	303 N LIBERTY ST	JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
STMD	LESAGE TRACEY F	303 N. LIBERTY ST.	JACKSONVILLE FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	SCHOLL CAREY F	303 LIBERTY ST.	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CD	ARFLIN TRACY	303 NORTH LIBERTY STREET	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	SCOTT CLINTON	303 NORTH LIBERTY STREET	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LOWERY VONCILE	303 N LIBERTY ST	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tracey LeSage

STMD 05/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)