2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empewered to changed, or on an attachment with an address, with all of

SIGNATURE:

May 02, 2002 8:00 am Secretary of State DOCUMENT # F25956 1. Entity Name 05-02-2002 90075 038 ***150.00 BOND CONTRACTORS, INC. Principal Place of Business Mailing Address 330 CENTER COURT, UNIT 14 330 CENTER COURT. UNIT 14 P.O. BOX 1541 P.O. BOX 1541 VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2068301 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOND, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 330 CENTER COURT, UNIT 14 7040 Outpost LANE VENICE FL 34292 City tent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this etat SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition TITLE NAME BOND, RICHARD T NAME STREET ADDRESS 7040 OUT POST LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME BOND, THOMAS L NAME STREET ADDRESS STREET ADDRESS 872 BIRD BAY WAY CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition **BLAG, JOSE** STREET ADDRESS STREET ADDRESS 3465 JUNETON ST CITY-ST-ZIP N. PORT FL 34287 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empewored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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