

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00125

1. Entity Name

BOND INVESTIGATIONS OF ORLANDO, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90080 004 \*\*\*150.00

Principal Place of Business

C/O BRADLEY R. HARRIS  
 2909 FAIRGREEN STREET  
 ORLANDO FL 32803

Mailing Address

C/O BRADLEY R. HARRIS  
 2909 FAIRGREEN STREET  
 ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FE Number 59-2404125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$3.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, BRADLEY R.  
 2909 FAIRGREEN ST  
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

City

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 (Applicable)

(NOT For Agent Signature or, if not applicable)

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PDV                     | <input type="checkbox"/> Delete |
| NAME           | HARRIS, BRADLEY R. (ST) |                                 |
| STREET ADDRESS | 2909 FAIRGREEN ST       |                                 |
| CITY-STATE-ZIP | ORLANDO FL              |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-STATE-ZIP |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-STATE-ZIP |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-STATE-ZIP |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-STATE-ZIP |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-STATE-ZIP |  |                                                              |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a notary public or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CIR2E034 (10.00)