

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT #

H36108

1. Entity Name

Security Bond Associates, Inc. of Tallahassee

**FILED**

02 MAR -7 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1327 N. Adams St.

Suite, Apt. #, etc.

3. Mailing Address

1327 N. Adams St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2479455

Applied For

Not Applicable

Zip  
32303

Country  
U.S.

Zip  
32303

Country  
U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James T. Harrison, Jr.

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

1327 N. Adams St.

City

Tallahassee

FL

Zip Code

32303

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD

James T. Harrison, Jr.

1327 N. Adams St.

Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

Bradley Harris

1327 N. Adams St.

Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

Nancy L. Landry

1327 N. Adams St.

Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy L. Landry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/28/02*

*850/  
224-3060*

CR2E034B (12/01)