## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1327 N ADAMS ST

TALLAHASSEE FL 32303

## H36108 **DOCUMENT#**

1. Entity Name

Principal Place of Business

TALLAHASSEE FL 32303

1327 N ADAMS ST

SECURITY BOND ASSOCIATES, INC. OF TALLAHASSEE



## **FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90054 008 \*\*\*150.00

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2. Principal P	Principal Place of Business 3. Mailing Address							1 <b>60</b>  1111 <b>  1100</b>     11110   11110   11011   10110   10110   1		1 B18(1 B18)( I	)		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State City & State			& State			4	4. FEI Number 59-2479455				oplied For		
Zip		Country	Zip	Zip Country				5. Certificate of Status Desired					
	6. Name	and Address of Curre	nt Registere	d Agent		7. Name and Address of New Registered Agent							
of Mating and Worlds of Amilian Inflantion vibration						Name							
HARRISON, JAMES T JR.													
1327 N ADAMS ST.					Street Address (P.O. Box Number is Not Acceptable)								
TALLAHAS	SSEE FL 32	2303											
•	•					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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE .	Cianatura tunad	or printed name of registered age	not and title if anoti	icable (NOTE:	Popietoro	Agent signatur	ro roquirod who	or rain	etation) D	ATE			
	Signature, typeo	or printed name or registered agr	II and the in appli	icadie. (NOTE:	registered	Agent signatur	e required who	ari rein:	stating)	-15			
		! FEE IS \$150.00							9. Election Campaign Financing	1	\$5.C	<b>10</b> May Be	
		3 Fee will be \$550.0							Trust Fund Contribution.	, 🗆		to Fees	
Make Check	Payable to	Florida Department	of State										
10.		OFFICERS AN	ID DIRECTOR	RS	11.			ADD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE					[	Change	Addition	
NAME	HARRISO	N, JAMES T JR.			NAME							ļ	
STREET ADDRESS		DAMS ST.			STRE	ET ADDRESS						ļ	
CITY-ST-ZIP	TALLAHAS	SSEE FL 32303			CITY-	·ST-ZIP							
TITLE	D			☐ Delete	TITLE					Г	Change	Addition	
NAME	HARRIS, E	RRADI EV		L Delete	NAME	ſ				L	090		
STREET ADDRESS		DAMS ST.				ET ADDRESS							
CITY-ST-ZIP		SSEE FL 32303				·ST-ZIP							
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NAME	LANDRY, I	NANCY I		Delete	NAME						onlinge		
STREET ADDRESS	1327 N. A					ET ADDRESS							
CITY-ST-ZIP		SSEE FL 32303				ST-ZIP							
	I ALLEM IA	JOLE 1 E 32303			•								
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CITY-ST-ZIP		<u>.                                    </u>			GIIY-	ST-ZIP							
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NAME					NAME	:							
STREET ADDRESS					STREE	ET ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							
12. I hereby o	ertify that the	e information supplied w	ith this filing o	does not qualify for t	he exer	nption state	ed in Section	on 11	19.07(3)(i), Florida Statutes. I furthe	r certify	y that the i	nformation	

hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on a statute of the receiver of trustee empowered.

**SIGNATURE:** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3060