## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H52786**

1. Entity Name

CENTRAL FLORIDA BONDING, INC.

2911 W 39TH ST

ORLANDO FL 32839

GRACIA, DELORIS

ORLANDO FL 32839

2911 W 39TH ST

STREET ADDRESS

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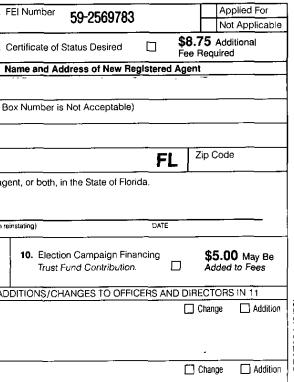
TITLE

NAME

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						04-17-2000 9	0028	48 ***150.00	
Principal Place of Business Mailing Address									
2911 W. 39TH ST. CTLAMDO FL 32839		2911 W. 39TH ST. ORLANDO FL 32839-9210 US							
T		05			1 184(4)/ 6(8)		Albir Brain i	) 	
2. Principal Place of Business		3. Mailing Address		<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number	59-2569783		Applied For	
Zip	Country Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Na	7. Name and Address of New Registered Agent					
COX, GEORGE L 2911 W 39TH ST ST 300 5 ORLANDO FL 32839			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			Cit	/			FL	Zip Code	
8. The above	e named entity submits this statement for CCOrge Les	Cox		ce or registered ac		in the State of Florida	DATE		
Tax filing requirement and elects to do so.  After N			LE NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.00 cck Payable to Department of State		1	ion Campaign Financ Fund Contribution.	ing	\$5.00 May B	
			12.	Al	ODITIONS/C	HANGES TO OFFICE	RS AND [	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, GEORGE L 2911 W 39TH ST ORLANDO FL 32839	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF					☐ Change ☐ Addi	
TITLE NAME	VP KHOURI, HODI	Delete	TITLE NAME				<u> </u>	Change Add	

Apr 17, 2000 8:00 am Secretary of State



CITY-ST-ZIP 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 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.

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TITLE

NAME STREET ADDRESS

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NAME

**SIGNATURE:** 

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.... - .... 🔲 Delete

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457-841-3.46

Daytime Phone #

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