

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90032 004 ***150.00

0075859

DOCUMENT # H52786

1. Entity Name
CENTRAL FLORIDA BONDING, INC.

Principal Place of Business

2911 W. 39TH ST.
 ORLANDO FL 32839
 US

Mailing Address

2911 W. 39TH ST.
 ORLANDO FL 32839
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2569783**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COX, GEORGE L
2911 W 39TH ST ST 300 5
ORLANDO FL 32839

7. Name and Address of New Registered Agent

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

GLORGE L. COX

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COX, GEORGE L	
STREET ADDRESS	2911 W 39TH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KHOURI, HODI	
STREET ADDRESS	2911 W 39TH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRACIA, DELORIS	
STREET ADDRESS	2911 W 39TH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: George L Cox Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE L COX 1/10/01 407-841-344
Date Daytime Phone #

CR2E034 (10/00)