

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90142 030 \*\*\*150.00

**DOCUMENT # K86176**

1. Entity Name  
**JONATHON BOND FINE GIFTS (U.S.) INCORPORATED**



Principal Place of Business  
**7310 POINT OF ROCKS RD  
SARASOTA FL 34242  
US**

Mailing Address  
**7310 POINT OF ROCKS RD  
SARASOTA FL 34242  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0245416**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, JAIME L.  
1800 SECOND STREET  
SUITE 880  
SARASOTA FL 34236**

Name **JOHN J. SHEA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2940 South TAMiami TRAIL**  
City **SARASOTA, FL** Zip Code **34239**

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 DATE **3-21-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **DP**  
STREET ADDRESS **BOND, BONNIE**  
CITY-ST-ZIP **7310 POINT OF ROCKS RD  
SARASOTA FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DVP**  
STREET ADDRESS **CARABERIS, JOHN**  
CITY-ST-ZIP **7310 POINT OF ROCKS RD.  
SARASOTA FL 34242**

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Mar. 19, 2003** Daytime Phone # **941-349-5798**

CR2E034 (10/02)