

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003088

1. Entity Name

SURETY VENTURES, INC.

Principal Place of Business

7099 OX BOW RD
TALLAHASSEE FL 32312

Mailing Address

7099 OX BOW RD
TALLAHASSEE FL 32312

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 13 AM 9:11

2. Principal Place of Business

One SBI Plaza

3. Mailing Address

One SBI Plaza, Box 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32307

Country

USA

Zip

32307

Country

USA

4. FEI Number

59-3645505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, THOMAS
7099 OX BOW RD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

DeAndrea Levias

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

One SBI Plaza, Suite 107

City

Tallahassee

FL

Zip Code

32307

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, THOMAS 7099 OX BOW ROAD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTINGOU, BELINDA 535 REGENCY PARK DRIVE ATLANTA GA 30331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, VICTOR 600 S. TRYON STREET CHARLOTTE NC 28202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniels, Booker One SBI Plaza, Suite 404B Tallahassee, FL 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Saundra Drumming One SBI Plaza, Suite EW-418 Tallahassee, FL 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400007859034-2 -09/19/02--01095--019 *****70.00 *****70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Booker Daniels

Booker S Daniels (REDELI-228)

CR2E037 (4/02)