

5/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-20-2002 90207 001 ***750.00

DOCUMENT # N01000001394

1. Entity Name

FLORIDA BLACK BONDSMAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

201 E. CENTRAL BLVD.
ORLANDO FL 32801201 E. CENTRAL BLVD.
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

4319 South JOHN Young

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BARKWAY
Orlando FLSAME
City & State

City & State

City & State

Zip

Country

Zip

Country

32839

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

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

MOSLEY, DEAN F ESQ.
 20 N. ORANGE AVE., STE. 1309
 ORLANDO FL 32801

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
 DAVID, WILLIE
 201 E. CENTRAL BLVD.
 ORLANDO FL 32801

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
 ZACKERY, NATE
 3808 S. JOHN YOUNG PKWY.
 ORLANDO FL 32839

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
 GANO, SAM
 1436 N. PINE HILLS RD.
 ORLANDO FL 32808

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

TITLE

☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)