2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000049366 **DOCUMENT#**



FILED Mar 26, 2003 8:00 am Secretary of State

1. Entity Nam OFF THE		AIL BONDS, INC.						03-26-2003 9	90163 02	29 ***15	0.00	
Principal Place		3	Mailing	g Address JEFFERSON ST	00 8	30 X 13	2 71					
JACKSONVILLE FL 32202			-JACKS	Mailing Address 122 N JEFFERSON ST PO BOX 13271 Sax, FL 32206 JACKSONVILLE FL 32202								
2. Principal Place of Business			3. Mail	3. Mailing Address				1 10011000 \$11 0\$101 \$1011 8 0111 00111 0	18 MI		OTHER CITY RODI	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			=47	59-3723382 . Not App			optled for — ot Applicable	
Zip		Country	Zip		Coun	ntry		Certificate of Status Desired	F	8.75 Ad ee Require		
	6. Name	and Address of Current	t Registere	d Agent		Name	7.	Name and Address of New Reg	gistered A	gent		4
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SPENCER, 1254 W. 2	, Derrick i 18th st.	L W					dress (P.O. E	Box Number is Not Acceptable)			,	Ī
	VILLE FL 32	209										1
***									FL	Zip Cod	e	
	named entity		or the purp	ose of changing its	register	ed office or re	egistered ag	gent, or both, in the State of Florid	da. I am fa	ımiliar with,	and accept	1
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SIGNATURE .	Signature broad	or printed name of registered egent	t and title if ann	licable /NOTE	Pagistara	Acent signature	required when a	reinstation)	DATE			
		or printed name of registered agent	t and title if appl	licable. (NOTE	Registere	ad Agent signature	e required when r	reinstating)	DATE			
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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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

___ Delete, _

☐ Addition