2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000083377

1. Entity Name

ANN BOND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3388 WOODS EDGE CIRCLE SUITE 101 BONITA SPRINGS FL 34134	3388 WOODS EDGE CIRCLE SUITE 101 BONITA SPRINGS FL 34134

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number 52-1811879 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
BOND, ROBERT S 23526 SANDYCREEK TERRACE UNIT 308 BONITA SPRINGS FL 34135	Name ROBERT S. BOND Street Address (P.O. Box Number is Not Acceptable) 9331 LAKEBEND PRESERVE CT. City BONITA SPRINGS FL Zip Code 34135

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 _ROBERT S. BOND_   ROBERT S. BOND   VICE PRESIDENT   1/15/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME ANN F. BOND STREET ADDRESS 9331 LAKEBEND PRESERVE CT. CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VICE PRESIDENT NAME ROBERT S. BOND STREET ADDRESS 9331 LAKEBEND PRESERVE CT. CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 _Robert S. Bond_ — ROBERT S. BOND   1/15/02   (941)947-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)