

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

05-05-2003 90921 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000084476

1. Entity Name
FAMILY BONDING SERVICE, INC.



Principal Place of Business
4319 SOUTH JOHN YOUNG PKWY
ORLANDO, FL 32839

Mailing Address
201 E. CENTRAL BOULEVARD
ORLANDO, FL 32801

55037449



2. Principal Place of Business
3800 SOUTH JOHN

3. Mailing Address
3800 SOUTH JOHN

Suite, Apt. #, etc.
YOUNG PARKWAY

Suite, Apt. #, etc.
YOUNG PARKWAY

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
65-1161897

☒ Applied For
☐ Not Applicable

Zip
32839

Country
ORANGE

Zip
32839

Country
ORANGE

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

DAVID, WILLIE
201 E. CENTRAL BOULEVARD
ORLANDO, FL 32801

Name **DAVID, WILLIE**
Street Address (P.O. Box Number is Not Acceptable)
4319 SOUTH JOHN
YOUNG PARKWAY
City **ORLANDO** FL **32839**

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

4/30/03

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
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
P
DAVID, WILLIE
201 E. CENTRAL BOULEVARD
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
DAVID, WILLIE
3800 SOUTH JOHN YOUNG PKWY
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
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 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

Daytime Phone #

WILLIE DAVID, President 4/30/03

CR2034 (10/02)