

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90250 023 \*\*\*150.00

**DOCUMENT # P01000098815**

1. Entity Name

**J & J BOND, INC.** ✓

Principal Place of Business

**NW 219 AVE  
 CHERRY LAKE FL 32340**

Mailing Address

**P.O. BOX 97  
 MADISON FL 32341**

2. Principal Place of Business

**Hwy 53 Corner 150**

Suite, Apt. #, etc.

3. Mailing Address

**Pt 3 Box 179**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Cherry Lake, Fla**

Zip **32340**

Country **Madison**

City & State

**Greenville, Fla**

Zip **32331**

Country **Madison**

4. FEI Number

**59-3747388**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOND, JENNIFER  
 NW 53 NORTH  
 CHERRY LAKE FL 32340**

7. Name and Address of New Registered Agent

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

*Jennifer Bond*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/02**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>BOND, JENNIFER</b>	<b>P.O. BOX 97</b>	<b>MADISON FL 32341</b>	<input type="checkbox"/>
<b>V</b>	<b>BOND, JERRY</b>	<b>P.O. BOX 97</b>	<b>MADISON FL 32341</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

*Jennifer Bond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**6/9/02 850-929-4545**

Daytime Phone #

CR2E004 (9/01)