

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90108 037 \*\*\*550.00

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**DOCUMENT # P09080**

**1. Entity Name**  
**PONDER SECURITIES, INC.**



**Principal Place of Business**  
**217 WEST MONROE STREET**  
**HERRIN IL 62948**

**Mailing Address**  
**217 WEST MONROE STREET**  
**HERRIN IL 62948**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 37-1189944**

Applied For  
Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**GRANT, PSTLERD**  
**131 BAKERS ACRES DR**  
**HAWTHORNE FL 32640**

**7. Name and Address of New Registered Agent**

Name **Grant Ostland**  
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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **FIORINA, JERALD P.**  
**STREET ADDRESS** **8 DOGWOOD LANE**  
**CITY-ST-ZIP** **HERRIN IL 62948**

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

**TITLE** **D** ☐ Delete  
**NAME** **PAYNE, CHRISTOPHER E.**  
**STREET ADDRESS** **634 HUMPHREY DRIVE**  
**CITY-ST-ZIP** **EVERGREEN CO**

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

**TITLE** **VD** ☒ Delete  
**NAME** **GOTTSCHALK, ROBERT A**  
**STREET ADDRESS** **4302 EATON CIR**  
**CITY-ST-ZIP** **COLLEYVILLE TX 76034**

**TITLE** **VP & D** ☐ Change ☒ Addition  
**NAME** **Julius Head**  
**STREET ADDRESS** **6501 Eudaley Rowland Rd**  
**CITY-ST-ZIP** **Colleyville TX 76046**

**TITLE** **AS** ☐ Delete  
**NAME** **TIMMERMANN, JOHN**  
**STREET ADDRESS** **3 RED BUD LANE**  
**CITY-ST-ZIP** **HERRIN IL**

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

**TITLE** **PRES** ☐ Delete  
**NAME** **DAVID, ATECHUN**  
**STREET ADDRESS** **247 WINTRAP**  
**CITY-ST-ZIP** **ELMHURST IL 60126**

**TITLE** ☒ Change ☐ Addition  
**NAME** **David Atechun**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **TRES** ☐ Delete  
**NAME** **TERRENCE, SHREG B**  
**STREET ADDRESS** **2354 OXTON RD**  
**CITY-ST-ZIP** **NASHVILLE TN 37215**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Terrence Shrey**  
**STREET ADDRESS** **440 Ponder Mill Rd.**  
**CITY-ST-ZIP** **Nashville TN 37205**

**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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03 6894-7321  
Date Daytime Phone #

CR2E034 (4/03)