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

DOC	JME	NT	#
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LOBRANO, THOMAS S III

2110 HERSCHEL STREET JACKSONVILLE FL 32204

P93000007632

1. Entity Name

Zip

SURETY ASSOCIATES, INC.



Principal Place of Business Mailing Address 2110 HERSCHEL STREET 2110 HERSCHEL STREET

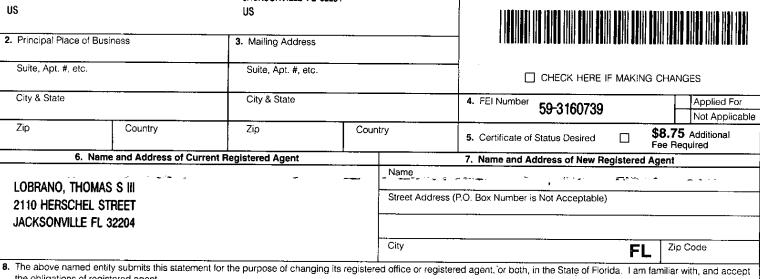
6. Name and Address of Current Registered Agent

JACKSONVILLE FL 32204 US	JACKSONVILLE FL 32204 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip



02-12-2003 90117 010 ***150.00



the obligations of registered agent.		3 3 - 15 - 1 - 1 - 1 - 1 - 1	gererou agorii, or aouri, iir and orario	or ronds, ram tarming was	ii, and accep
SIGNATURE					
Signature, typed or printed name of registered a	gent and title if applicable	(MOTE: Registered Agent signstore a	and the standard and th	D.175	

City

Country

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 Finan	cing
	Trust Fund Contribution.	
		ı

\$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	D Delete LOBRANO, THOMAS S III 2110 HERSCHEL STREET JACKONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete CONGELIO, JAMES C 2110 HERSCHEL ST JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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: