

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90010 029 ***158.75

0066950

DOCUMENT # P93000078425

1. Entity Name

JOHN A. BOND, INC.

Principal Place of Business

701 PROMENADE DR
 SUITE 200
 PEMBROKE PINES FL 33025

Mailing Address

1085 SE 6TH AVE.
 SUITE 200
 DANIA FL 33004
 US

942372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1085 S.E. 6th Ave.
 Suite, Apt. #, etc.

3. Mailing Address

1085 S.E. 6th Ave.
 Suite, Apt. #, etc.

City & State

DANIA, FL.

City & State

DANIA, Florida

4. FEI Number

65-0459849

Applied For

Not Applicable

Zip

33004

Country

BROWARD

Zip

33004

Country

BROWARD

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOND, JOHN A
 1085 SE 6TH AVE
 DANIA FL 33004

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

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, 2001 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 PVST ☐ Delete
 NAME BOND, JOHN A
 STREET ADDRESS 1085 S.E. 6TH AVE.
 CITY-ST-ZIP DANIA FL

TITLE D ☐ Delete
 NAME BOND, JOHN A
 STREET ADDRESS 1085 S.E. 6TH AVE.
 CITY-ST-ZIP DANIA FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

954 929 0008

Daytime Phone #

CR2E034 (10/00)