

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029604

1. Entity Name

BONDATA GROUP LIMITED, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90023 007 ***158.75

Principal Place of Business

10231 METRO PARKWAY
SUITE 200
FT MYERS FL 33912
US

Mailing Address

10231 METRO PARKWAY
SUITE 200
FT MYERS FL 33912
US

2. Principal Place of Business

3. Mailing Address

PO Box 1713

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, Florida

4. FEI Number 65-0562393

Applied For

Not Applicable

Zip

Country

Zip

Country

33902-1713

USA

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

BURNLEY, RANDALL W
2213 TRAILWINDS DR.
FT MYERS FL 33907

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BURNLEY, RANDALL W
STREET ADDRESS 2213 TRAILWINDS DR.
CITY-ST-ZIP FT MYERS FL 33907

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.W. BURNLEY

5 FEB 01

941.278.4200

Date

Daytime Phone #

CR2E034 (10/00)