2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90084 019 ***158.75

0483068

DOCUMENT # P96000037145

1. Entity Name
THE BONDSMAN, INC.

Principal Place of Business	Mailing Address
3910 S JOHN YOUNG PKWY C ORLANDO FL 32839 US	PO BOX 560685 ORLANDO FL 32856 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1013 W. Michigan St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State
Zip: 32805 Country: ~~or~~ US.	Zip Country

4. FEI Number 59-3375379 ☐ Applied For ☐ Not Applicable

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
COLE, JAMES A ~~3910 S JOHN YOUNG PKWY~~ 1013 W. Michigan St. ORLANDO FL ~~32839~~ 32805	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 James A Cole 4/24/01
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 ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, JAMES A ~~3910 S JOHN YOUNG PKWY~~ ORLANDO FL ~~32839~~ ☐ Delete	☐ Change ☐ Add 1013 W. Michigan St. Orlando Fl 32805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, JAMES A ~~3910 S JOHN YOUNG PKWY~~ ORLANDO FL ~~32839~~ ☐ Delete	☐ Change ☐ Add 1013 W. Michigan St. Orlando Fl 32805
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CR2E034 (10/00)

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A Cole 4/24/01 407 422 2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone