


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

DOCUMENT # P97000027245 1. Entity Name BONA FINANCIAL GROUP, INC.	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 28100 US 19 NORTH Suite, Apt. #, etc. SUITE 301 City & State CLEARWATER, FL Zip 33761 Country USA	3. Mailing Address 28100 US 19 NORTH Suite, Apt. #, etc. SUITE 301 City & State CLEARWATER, FL Zip 33761 Country USA
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**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

03  
MRS

4. FEI Number 65-1026395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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

Name RAFAEL G BONA
Street Address (P.O. Box Number is Not Acceptable) 1694 BAYHILL DRIVE
City OLDSMAR
FL Zip Code 34677

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 	RAFAEL G BONA	DATE 10.31.03
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January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT RAFAEL BONA 1694 BAYHILL DR. OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE-PRESIDENT MRS M. CLEDERA-BONA 1694 BAYHILL DR. OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200025416372 12/11/03--01018--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	RAFAEL BONA	10.31.03	727.797.0510
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2072

Judy Sadler  
Dept. of State

Dear Judy:

2003

I, Rafael Bona, did not receive the first or second UBR for Bona Financial Group, Inc.

Enclosed is a check for \$150.00 for the re-instatement fee for 2003.

If you have any questions, please call at 727-797-0510

Sincerely,

  
Rafael Bona