2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073352

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

JACKSONVILLE FL 32250

Suite, Apt. #, etc.

City & State

SIGNATURE

2. Principal Place of Business

BOND, C. GUY

3010 S. THIRD ST. JAX BCH FL 32250

9. This corporation is eligible to satisfy its Intangible

changed, or on an attachment with an address

SIGNATURE:

LAW OFFICES OF C. GUY BOND, P.A.

Principal Place of Business	
3010 S. THIRD ST.	

Mailing Address

3010 S. THIRD ST.

3. Mailing Address

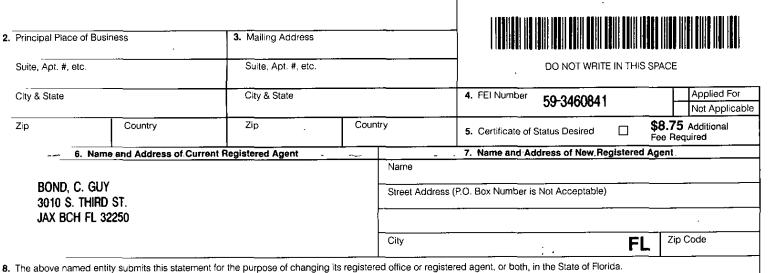
City & State

Suite, Apt. #, etc.

JACKSONVILLE FL 32250-6033

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90013 001 ***150.00



DATE

10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE BOND, C. GUY NAME NAME STREET ADDRESS 3010 S. THIRD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF - - - - - Change -Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered.

Country

FILE NOW!!! FEE IS \$150.00

Name

(NOTE: Registered Agent signature required when reinstating)