## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P97000107203 A-1 BONDING OF FLORIDA, INC. 02-01-2000 90007 020 \*\*\*150.00 Principal Place of Business Mailing Address 1954 MAIN ST 1954 MAIN ST SARASOTA FL 34236-5915 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State **26-**0805772 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, GARY E Street Address (P.O. Box Number is Not Acceptable) **1954 MAIN ST** SARASOTA FL 34236 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change Defete TITLE TITLE PARKER, GARY E NAME NAME 1954 MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Addition VTDC Delete TITLE ☐ Change TITLE PARKER, THOMAS M NAME NAME 4145 DUBLIN DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BLOOMFIELD HILLS MI 48302** CITY-ST-7IP **VSD** Delete Addition TITLE TITLE MADDOCK, MATTHEW NAME NAME STREET ADDRESS 4145 DUBLIN DR STREET ADDRESS CITY-ST-ZIP **BLOOMFIELD HILLS MI 48302** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE KIRKPATRICK, JEFF NAME NAME 401 S JACKSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSON MI 49201 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE 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 changed, or on an attachment with an address. The other like empowered.

966-403

PRESIDENT 1-10-2000

**FILED**