

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90005 042 ***150.00

DOCUMENT # P98000040348

1. Entity Name
BONO, INC.

Principal Place of Business
2012 W VINA DEL MAR BLVD
ST PETERSBURG BEACH FL 33706

Mailing Address
2012 W VINA DEL MAR BLVD
ST PETERSBURG BEACH FL 33706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
713 1ST AVE. SOUTH
 Suite, Apt. #, etc.

3. Mailing Address
713 1ST AVE. SOUTH
 Suite, Apt. #, etc.

City & State
TIERRA VERDE, FL.
 Zip
33715

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TIERRA VERDE, FL.
 Zip
33715

4. FEI Number **59-3517100**

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

BONO, STEVEN J MAR BLVD.
2012 W VINA DEL MAR BLVD
ST PETERSBURG FL 33706

Name **STEVEN J. BONO SR.**
 Street Address (P.O. Box Number is Not Acceptable)
713 1ST AVE. SOUTH
 City **TIERRA VERDE** FL Zip Code **33715**

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 *Steven J. Bono Sr.* **STEVEN J. BONO SR.** DATE **2/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete
NAME	BONO, STEVE J	
STREET ADDRESS	2012 W VINA DEL MAR BLVD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BONO, BARBARA B	
STREET ADDRESS	2012 W VINA DEL MAR BLVD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN J. BONO SR.	
STREET ADDRESS	713 1ST AVE. SOUTH	
CITY-ST-ZIP	TIERRA VERDE, FL. 33715	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA B. BONO	
STREET ADDRESS	713 1ST AVE. SOUTH	
CITY-ST-ZIP	TIERRA VERDE, FL. 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Steven J. Bono Sr.* **STEVEN J. BONO SR.** 727 360-9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/23/01** Daytime Phone #

CR2E034 (10/00)