

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048560 AV

DOCUMENT # **P98000066547**

1. Entity Name
BONDS', INCORPORATED



FILED

03 APR 25 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2018 DYREHAVEN DR
TALLAHASSEE FL 32311**

Mailing Address
**2018 DYREHAVEN DR
TALLAHASSEE FL 32311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3524322**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONDS, RONALD E SR.
2018 DYREHAVEN DR
TALLAHASSEE FL 32311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00.
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P BONDS, RONALD E SR**
STREET ADDRESS **2018 DYREHAVEN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME **V BONDS, RONALD E JR**
STREET ADDRESS **1038 HIGH MEADOW DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME **T BONDS, DEBRA L**
STREET ADDRESS **2018 DYREHAVEN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME **S THOMAS, ANDRA L**
STREET ADDRESS **1900 CENTRE POINT BLVD., APT 72**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME **C Derrick R. Bowers**
STREET ADDRESS **1900 Centre Pointe Blvd, Apt. 72**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIG [Signature] DeBonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 850-644-3006
Date Daytime Phone #

CR2E034 (10/02)