

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90364 018 ***150.00

029935

DOCUMENT # P98000087887

1. Entity Name

BOND DESIGNS, INC.

Principal Place of Business

**2255 GLADES RD
 324-A
 BOCA RATON FL 33431**

Mailing Address

**2255 GLADES RD
 324-A
 BOCA RATON FL 33431**

734384

2. Principal Place of Business

222 LAKEVIEW AVE

Suite, Apt. #, etc.

160-110

City & State

WEST PALM BEACH

Zip

33401

Country

U.S.A

3. Mailing Address

222 LAKEVIEW AVE

Suite, Apt. #, etc.

160-110

City & State

WEST PALM BEACH

Zip

33401

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOND, ANDREW
 2255 GLADES RD
 324 A
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-01

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

TITLE **D** ☐ Delete
 NAME **BOND, ANDREW**
 STREET ADDRESS **2255 GLADES RD STE 324A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MR. (PRESIDENT)** ☒ Change ☐ Addition
 NAME **ANDREW BOND**
 STREET ADDRESS **222 LAKEVIEW AVE SUITE 160-110**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-01

Date

561-414-1112

Daytime Phone #

CR2E034 (10/00)