

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007242

1. Entity Name

BOND HOLDERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 032 ***150.00

Principal Place of Business

2326 23RD CIRCLE
PANAMA CITY FL 32405

Mailing Address

2326 23RD CIRCLE
PANAMA CITY FL 32405-3933

2. Principal Place of Business

2326-23RD Circle

3. Mailing Address

P.O. BOX 15235

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL 32405

City & State

PANAMA CITY FL

4. FEI Number

59-3570066

Applied For

Not Applicable

Zip

32405

Country

U.S.

Zip

32406

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SUSAN S
2326 23RD CIRCLE
PANAMA CITY FL 32405

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

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, 2000 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	DTP	<input type="checkbox"/> Delete
NAME	SUSAN S. JACKSON	
STREET ADDRESS	100 TIMBER LANE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V.	<input type="checkbox"/> Delete
NAME	Shirley DOZIER	
STREET ADDRESS	2326-23RD CIRCLE	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	DTP	<input type="checkbox"/> Delete
NAME	THOMAS D. JACKSON	
STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: SUSAN S. JACKSON, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)