

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000045891**

1. Entity Name

PAUL R. BONOMO AGENCY, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90072 026 ***150.00

Principal Place of Business

2501 N STATE ROAD 7
MARGATE FL 33063

Mailing Address

2501 N STATE ROAD 7
MARGATE FL 33063-5721

2. Principal Place of Business

2508 N. STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Address

2508 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0922990

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BONOMO, PAUL R
2508 N STATE ROAD 7
MARGATE FL 33063

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	PAUL R. BONOMO	2623 N.W. 49 ST	BOCA RATON, FL 33434		<input checked="" type="checkbox"/>
S/D	PHILLIP SCOTT WILLIAMS	6872 CALLE DEL PAZ N.	BOCA RATON, FL 33433		<input checked="" type="checkbox"/>

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:

Phillip Scott Williams S/D **Phillip Scott Williams** 1/5/00 (954) 978-9272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #