

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90117 001 ***158.75

DOCUMENT # P99000073752

1. Entity Name

JOSE (JOE) REGUERO BONDING INC.

Principal Place of Business

Mailing Address

P O BOX 607436
 ORLANDO FL 32860-7436

P O BOX 607436
 ORLANDO FL 32860-7436

2. Principal Place of Business

P.O. Box 607436

3. Mailing Address

P.O. Box 607436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando, FL.

4. FEI Number

59-3591462

Applied For

Not Applicable

Zip Country
32860-7436

Country

Zip Country
32860-7436

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REGUERO, JOSE E
 2000 CORENA DR
 ORLANDO FL 32810-4428**

7. Name and Address of New Registered Agent

Name **Jose E. Reguero**

Street Address (P.O. Box Number is Not Acceptable)

2000 Corena Dr.

City **Orlando**

FL

Zip Code **32810-4428**

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)

3-10-00

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	President	<input type="checkbox"/> Delete
NAME	MARIA L. Reguero	
STREET ADDRESS	2000 Corena Dr.	
CITY-ST-ZIP	Orlando, FL. 32810-4428	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Jose E. Reguero	
STREET ADDRESS	2000 Corena Dr	
CITY-ST-ZIP	Orlando, FL. 32810-4428	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jose E. Reguero	
STREET ADDRESS	2000 Corena Dr.	
CITY-ST-ZIP	Orlando, FL. 32810-4428	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

407-578-1459

Daytime Phone #

CR2E034 (9/99)