

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0663413 AB

04-07-2003 90170 040 ***150.00

DOCUMENT # F00000003808



1. Entity Name
THE BONDAMERICA CORPORATION

Principal Place of Business
**13403 BURNETTEDALE DRIVE
CHESTERFIELD VA 23832**

Mailing Address
**POST OFFICE BOX 2632
CHESTERFIELD VA 23831**



2. Principal Place of Business
13403 BURNETTEDALE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CHESTER VA

City & State

4. FEI Number **54-1953959**

Applied For
Not Applicable

Zip **23831** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROVIDER ASSURANCE, INC.
5001 SW 74TH COURT, #209
MIAMI FL 33155**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP	<input type="checkbox"/> Delete
NAME	CLARK, JEFFREY D	
STREET ADDRESS	13403 BURNETTEDALE DRIVE	
CITY-ST-ZIP	CHESTER VA 23831	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Jeffrey D. Clark **NOTARY REQUIRED** JEFFREY D. CLARK, PRESIDENT 4/2/03 804-748-2838
Date Daytime Phone #

CR2E034 (10/02)