

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90029 015 ****61.25

DOCUMENT # N93000001759

1. Entity Name

PINELLAS COUNTY BAIL BOND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5560 ROOSEVELT BLVD.
 CLEARWATER FL 34622

5560 ROOSEVELT BLVD.
 CLEARWATER FL 33760-3469

2. Principal Place of Business

5560 Roosevelt Blvd.

3. Mailing Address

5560 Roosevelt Blvd.

Suite, Apt. #, etc.

STE 4

Suite, Apt. #, etc.

STE. 4

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3201706

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33760

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNWELL, CINDY
 5560 ROOSEVELT BLVD.
 CLEARWATER FL 33762

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESTES, ALBERT SR.	
STREET ADDRESS	13790 49TH ST N.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STINES, JUDITH K	
STREET ADDRESS	5560 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEIL, WILLIAM	
STREET ADDRESS	3899 ULMERTON ROAD STE. B	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORNWELL, CINDY	
STREET ADDRESS	5560 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINES, JUDITH K.	
STREET ADDRESS	5560 Roosevelt Blvd. Ste. 4	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, ALBERT SR.	
STREET ADDRESS	13790 49TH Street No.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sickler, Pennina	
STREET ADDRESS	5300 Roosevelt Blvd.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornwell Cindy	
STREET ADDRESS	5560 Roosevelt Blvd. Ste. 4	
CITY-ST-ZIP	Clearwater, FL 33760	
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		

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 617, 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: *Cornwell Cindy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 727-446-3773
 Date Daytime Phone #

CR2E037 (9/99)