

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90007 019 ****61.25

DOCUMENT # N93000001759

1. Entity Name

PINELLAS COUNTY BAIL BOND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5560 ROOSEVELT BLVD.
 STE 4
 CLEARWATER FL 33760**

**5560 ROOSEVELT BLVD.
 STE 4
 CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201706

Applied For

Not Applicable

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

**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

Cindy L. Cornwell **Treasurer**

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	VD	<input type="checkbox"/> Delete
NAME	ESTES, ALBERT SR.	
STREET ADDRESS	13790 49TH ST N.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STINES, JUDITH K	
STREET ADDRESS	5560 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SICKLER, PENNINA	
STREET ADDRESS	5300 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER FL 33760	
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	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH K. STINES	
STREET ADDRESS	5560 Roosevelt Blvd, Ste 4	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Estes Albert Sr.	
STREET ADDRESS	13790 49th St.N.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith Mary Frances	
STREET ADDRESS	13710 49th ST.N.	
CITY-ST-ZIP	Clearwater, FL 33762	
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: *Cindy L. Cornwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

727-536-1585

Daytime Phone #

CR2E037 (10/00)