

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90246 042 ***150.00

DOCUMENT # P00000009876

1. Entity Name
EMERGENCY BAIL BONDS INC.



Principal Place of Business
7250 ULMERTON RD
E
LARGO FL 33771

Mailing Address
7250 ULMERTON RD
E
LARGO FL 33771

2. Principal Place of Business

5300 ROOSEVELT BLVD.

3. Mailing Address

5300 ROOSEVELT BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number
59-3622297

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

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

BROWN, KATHLEEN E

7250 ULMERTON RD E 5300 ROOSEVELT BLVD.
LARGO FL 33771 LARGO, FL 33771

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete
NAME **BROWN, KATHLEEN E**
STREET ADDRESS **7250 ULMERTON RD E**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☒ Change ☐ Addition
NAME **5300 ROOSEVELT BLVD.**
STREET ADDRESS **LARGO, FL 33771**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kathleen E. Brown* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)