2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000011330 **DOCUMENT #**

1. Entity Name

MACDONALD BAIL BONDS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90176 019 ***150.00

| 的程制的 加强 | 関係を全部等をEFFEDSA であった。 | F. 509% \$5000 to many | W. S. | | |
|---|---|---|---|---|--|
| Principal, Pla 2223 E IRLO | ce of Business BRONSON HWY | Mailing Address 2223 E IRLO BRONSON | HWY | | |
| KISSIMMEE | FL 34744 | KISSIMMEE FL 34744 | e contract our military registration of the president of | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| City & State | | City & State | | 4. FEI Number 59-3223076 | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 75 Additional Required |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address of New Registered Agen | |
| 14000 | 1415 14101145 | - | Name | | |
| | VALD, MICHAEL St irlo Bronson Hwy. | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | |
| KISSIMM | EE FL 34744 | | | | |
| | | | City | FL ^z | Zip Code |
| 8. The above the obligation | named entity submits this statement fitions of registered at ent. | or the purpose of changing its | registered office or register | red agent, or both, in the State of Florida. I am familia | ar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable (NOT | E: Registered Agent signature required | when reinstating) DATE | |
| 44.7 T | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | e. registated rigent signature radiated | DATE | • |
| Ama Ama | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee III be \$550.00 Payable to Floria department of | 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 DIRE | CTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MACDONALD, MICHAEL 2223 E IRLO BRONSON HWY KISSIMMEE FL 34744 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition |
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| 12. I hereby conditional indicated of the correction changed, | ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v | this filing does not qualify for true and accurate and that movered to execute this report a with all other like empowered. | | ction 119.07(3)(i), Florida Statutes. I further certify tha arne legal effect as if made under oath; that I am an o Florida Statutes; and that my name appears in Block | t the information officer or director (10 or Block 11 if |