

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90055 042 ***150.00

DOCUMENT # P97000076306

1. Entity Name
33RD STREET BAIL BONDS, INC.

Principal Place of Business

Mailing Address

3001 WEST 39TH STREET
 SUITE 7
 ORLANDO FL 32839
 US

3001 WEST 39TH STREET
 SUITE 7
 ORLANDO FL 32839-9212
 US

00842003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2911 W. 39th street

2911 W. 39th st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Orlando, FL

Orlando, FL

4. FEI Number

59-3488438

Applied For

Not Applicable

Zip

Country

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

VONWALDNER, JOSEPH K
 3001 W 39TH ST
 #7
 ORLANDO FL 32839

Name **Joseph K. Von Waldner**
 Street Address (P.O. Box Number is Not Acceptable)
2911 W. 39th St. Suite 200
 City **Orlando** FL Zip Code **32839**

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

Joseph K. Von Waldner

3/20/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VONWALDNER, JOSEPH K	3001 W 39TH ST	ORLANDO FL 32839	<input type="checkbox"/>
VP	Joseph A.			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		Change only address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2911 W. 39th st. orlando, FL	Suite 200 32839	<input type="checkbox"/>	<input type="checkbox"/>
VP	Joseph A. Von Waldner	2911 W. 39th St.	Orlando, FL 32839	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sec	Lynn Von Waldner	2911 W. 39th St.	Orlando, FL 32839	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph K. Von Waldner

3/20/2000

407 425-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)