

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90116 020 ***150.00

DOCUMENT # **P97000076306**



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

Principal Place of Business
~~2911 W 39TH ST~~
~~STE-200~~
~~ORLANDO, FL 32839~~
~~US~~

Mailing Address
~~2911 W 39TH ST~~
~~STE-200~~
~~ORLANDO, FL 32839~~
~~US~~



2. Principal Place of Business
2480 33rd st.
Suite, Apt. #, etc.

3. Mailing Address
← Same
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL
Zip
32839 Country
US

City & State
Zip
Country

4. FEI Number
59-3488438

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

VONWALDNER, JOSEPH K
~~2911 W 39TH ST~~
~~STE-200~~
~~ORLANDO, FL 32839~~

Name
Street Address (P.O. Box Number is Not Acceptable)
2480 33rd st.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph K. Waldner

3/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VONWALDNER, JOSEPH K 2911 W 39TH ST STE-200 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VONWALDNER, JOSEPH A 2911 W 39TH ST STE-200 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VONWALDNER, LYNN 2911 W 39TH ST STE-200 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2480 33rd st Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2480 33rd st Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2480 33rd st. Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joseph K. Waldner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 **407 425-7200** **425-3303**
Date Daytime Phone #

CR2E034 (10/02)