FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91192 026 ***150.00

DOCUMENT # P99 0000 99690

1. Entity Name
A-PLUS BAIL BONDS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7337 LITTLE RD	7337 LITTLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NEW PORT RICHEY FL	City & State NEW PORT RICHEY FL
Zip 34654 Country	Zip 34654 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3608996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA P.A.
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE
City CORAL GABLES **FL** Zip Code 33134

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 ______
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD	TITLE	
NAME	MCFADDEN, JAMES A SR	NAME	
STREET ADDRESS	7337 LITTLE RD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	MCFADDEN, COLLETTE A	NAME	
STREET ADDRESS	7337 LITTLE RD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCFADDEN PRES 4-30-02 727-849-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #