

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91591 034 ***150.00

DOCUMENT # 577573

1. Entity Name
KIDWELL BAIL BONDS, INC.

Principal Place of Business
343 W. DAVIDSON ST. # 102
BARTOW FL 33831
US

Mailing Address
PO BOX 1128
BARTOW FL 33831
US

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 City State

Zip **Country** **Zip** **Country**

4. FEI Number **59-1853615** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

KIDWELL, WESLEY
470 W. DAVIDSON ST.
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name
SPIVEY, PAMELA MCCORD
Street Address (P.O. Box Number is Not Acceptable)
3510 Knights Station Road
Lakeland
City **FL** **Zip Code** **33810**

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 *Pamela McCard Spivey* **4-30-02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **KIDWELL, WESLEY**
STREET ADDRESS **4080 TANNER RD**
CITY-ST-ZIP **HAINES CITY FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Change** ☐ **Addition**
NAME **SPIVEY, PAMELA MCCORD**
STREET ADDRESS **3510 Knights Station Road**
CITY-ST-ZIP **Lakeland, FL 33810**

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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

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: *Pamela McCard Spivey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 **863-533-4057**
 Date Daytime Phone #

UBR/24/4 AV

CR2E034 (9/01)