

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90834 044 ***150.00

DOCUMENT # H22816

1. Entity Name

CURRINGTON BAIL BONDS, INC.

Principal Place of Business

Mailing Address

1015 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312-1636

1015 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312-1636

2. Principal Place of Business

331-A N.W. 27 AVE

3. Mailing Address

331-A NW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

FT LAUDERDALE, FL

FT LAUDERDALE, FL

Zip

Country

Zip

Country

33311

U.S.

33311

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELL, STEVEN JAY
2404 HOLLYWOOD BLVD.
SUITE 500, CENTER COURT BLDG.
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PVS	<input checked="" type="checkbox"/> Delete
NAME	CURRINGTON, JOHNNY A.	
STREET ADDRESS	1015 W. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CURRINGTON, JOHNNY A.	
STREET ADDRESS	1015 W. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRINGTON, JOHNNY A.	
STREET ADDRESS	331-A NW 27 AVE	
CITY-ST-ZIP	FT LAUD FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRINGTON, JOHNNY A.	
STREET ADDRESS	331 NW 27 AVE SUITE A	
CITY-ST-ZIP	FT LAUD FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 4623331

CR2E034 (10/00)