

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90107 009 ***150.00

DOCUMENT # H58078

1. Entity Name
A1A BAIL BONDS, INC.



Principal Place of Business
**1408 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316**

Mailing Address
**1408 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316**

00000040



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1409 S.E. 1ST AVENUE
Suite, Apt. #, etc.
REAR BLDG
City & State
FT LAUDERDALE, FL
Zip
33316 Country

3. Mailing Address
1409 SE 1ST AVENUE
Suite, Apt. #, etc.
REAR BLDG
City & State
FT LAUDERDALE, FL
Zip
33316 Country

4. FEI Number **59-2533002** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEAGER, DEBORAH C
1408 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
SEAGER, DEBORAH C
Street Address (P.O. Box Number is Not Acceptable)
1409 SE 1ST AVENUE
REAR BLDG
City
FT LAUDERDALE FL Zip Code
33316

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 *Deborah C Seager* DATE **3/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SEAGER, DEBORAH C 630 SW 44 AVENUE PLANTATION FL	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Deborah C Seager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/17/03** DAYTIME PHONE # **9544676259**

CR2E034 (10/02)