

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25136

1. Entity Name

GREEN COVE SPRINGS BAIL BONDS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90117 038 ***158.75

Principal Place of Business

829 N. PALMETTO AVE.
GREEN COVE SPRINGS FL 32043

Mailing Address

829 N. PALMETTO AVE.
GREEN COVE SPRINGS FL 32043-2529
US

2. Principal Place of Business

1045 N. ORANGE AVENUE
Suite, Apt. #, etc.

SUITE #2

City & State

GREEN COVE SPRINGS, FL.

Zip
32043

Country
U.S.

3. Mailing Address

1045 N. ORANGE AVENUE
Suite, Apt. #, etc.

SUITE #2

City & State

GREEN COVE SPRINGS, FL.

Zip
32043

Country
U.S.

4. FEI Number

NOT APPLICABLE
59-2977743

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SECHREST, LARRY K
829 N. PALMETTO AVE.
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

LARRY SECHREST

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

108 GOVERNOR STREET

City

GREEN COVE SPRINGS, FLORIDA

FL

Zip Code

32043

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

Larry Sechrest
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-2000

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SECHREST, LARRY K	
STREET ADDRESS	829 N. PALMETTO AVE.	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	
TITLE	V	<input type="checkbox"/> Delete
NAME	SECHREST, KAREN	
STREET ADDRESS	829 N. PALMETTO AVE.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Karen Sechrest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

(904) 284-6164

Daytime Phone #

CR2E034 (9/99)