

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90036 042 ***550.00

DOCUMENT # L39170

1. Entity Name
DONALD MESCIA, INC., A-1 BAIL BONDS

Principal Place of Business

1954 MAIN ST
 SARASOTA FL 34236

Mailing Address

444 TWIN OAKS RD
 HIAWASSEE GA 30546
 US

AU071160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3536 Richwood Link

Suite, Apt. #, etc.

3. Mailing Address

444 Twin Oaks Rd.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Hiawassee GA

4. FEI Number

59-2841312

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

30546

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFLAUM, FRED S.
100 WALLACE AVENUE, SUITE 210
SARASOTA FL 34237

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)

7/30/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
 NAME **MESCIA, DONALD**
 STREET ADDRESS **1954 MAIN ST**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Change ☐ Addition
 NAME **Mescia, Donald**
 STREET ADDRESS **3536 Richwood Link**
 CITY-ST-ZIP **Sarasota, FL 34235**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/00
 Date

941-377-1403
 Daytime Phone #

CR2E034 (5/00)