

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90130 007 ***150.00

DOCUMENT # P00000012743

1. Entity Name
ANY BAIL BONDSMAN, INC.

Principal Place of Business

**2188 MAIN STREET
 SARASOTA FL 34237**

Mailing Address

**P.O. BOX 4124
 SARASOTA FL 34230**

2. Principal Place of Business

200 S. WASHINGTON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 5A

City & State
SARASOTA, FL

Zip **34236** Country

City & State

Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BURCH, LEIGH
 2188 MAIN STREET
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

LEIGH BURCH

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

200 S. WASHINGTON BLVD

Suite 5A

City

Sarasota

FL

Zip Code
34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Leigh Burch President

8/14/02

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, 2002 Fee 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

TITLE **P** ☐ Delete
 NAME **BURCH, LEIGH**
 STREET ADDRESS **1891 BOYLE STREET**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Leigh Burch President

8/14/02

941-366-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P00000012743
974964

Fax Cover Sheet

Florida Bail, Inc.
P.O. Box 4124
Sarasota, FL 34230
(888) 518 - 8688
(941) 355 - 1231

Date 8/14/02

To:
Name Department of State
Fax No. _____

From:
Name Leigh Burch
Fax No. (941) - 330 - 0243

Number of Pages 1 (including cover page)

Subject Please be advised that we
never received any prior notice
to renew. Thank you.

Leigh Burch, President

