

2002

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90033 011 \*\*\*150.00

DOCUMENT # P00000 110 677

1. Entity Name

Jaguar Bail Bonds, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11718 Alexander Ct

Suite, Apt. #, etc.

3. Mailing Address

905 Park Ave #102

Suite, Apt. #, etc.

City & State

Jax, FLA

City & State

Orange PK, FLA

Zip

32225

Country

DUVAL

Zip

32013

Country

4. FEI Number

59-3687252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
Dale Bowman  
11718 Alexander Ct  
Jax, FL 32225

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dale Bowman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-02

Date

904641-7959

Daytime Phone #

CR2E034B (12/01)