

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90091 037 \*\*\*150.00

**DOCUMENT # P00000116939**

1. Entity Name

**BAY AREA BAIL BONDS AND INVESTIGATIONS, INC.**



Principal Place of Business

**3000 GULF TO BAY BLVD.,  
STE 103  
CLEARWATER FL 33759**

Mailing Address

**3000 GULF TO BAY BLVD.,  
STE 200  
CLEARWATER FL 34698**

2. Principal Place of Business

**3350 Ulmerton Road**

Suite, Apt. #, etc.

**Suite 22**

City & State

**Clearwater, FL**

Zip  
**33762**

Country

**USA**

3. Mailing Address

**3350 Ulmerton Rd.**

Suite, Apt. #, etc.

**Suite 22**

City & State

**Clearwater, FL**

Zip  
**33762**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**30-0043146**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARMICHAEL, RUSSELL**

**3000 GULF TO BAY BLVD., STE. 206**

**STE 103**

**CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name **Carmichael, Russell**

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

**3350 Ulmerton Rd. Ste. 22**

City

**Clearwater**

**FL**

Zip Code

**33762**

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]*

**Russell Carmichael, President**

**4/11/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete  
NAME **CARMICHAEL, RUSSELL**  
STREET ADDRESS **3000 GULF TO BAY BLVD., STE. 206**  
CITY-ST-ZIP **CLEARWATER FL 33759**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Carmichael, Russell**  
STREET ADDRESS **3350 Ulmerton Road, Ste.**  
CITY-ST-ZIP **Clearwater, FL 33762**

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

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

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

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

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

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:

*[Signature]* **Russell Carmichael, President**

**4/11/03 (727) 573-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)