

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90155 049 ***150.00

0509843 AV

DOCUMENT # P01000004499

1. Entity Name

PORT MANATEE BAIL BONDS, INC.

Principal Place of Business

**2300 PINEY POINT RD.
PALMETTO FL 34221**

Mailing Address

**P.O. BOX 2362
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

2300 Piney Point Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto FL

Zip

Country

Zip

Country

34221

4. FEI Number

65-1071236

Applied For

Not Applicable

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

**MOORE, WILLIAM D JR.
2300 PINEY POINT RD.
PALMETTO FL 34221**

Name

VERN Oblisk

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

2300 PINEY POINT Rd

Palmetto

City

Palmetto

FL

Zip Code

34221

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]

2-14-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
OBLISK, VERNON G
6201 U.S. HWY., 41 NORTH
PALMETTO FL 34221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
OBLISK VERNON G
6201 US Hwy 41 N. #2204
Palmetto FL 34221** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MOORE, WILLIAM D JR.
708 - 147TH ST. EAST
BRADENTON FL 34202** ☒ Delete

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

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

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]

2-14-02 941-7298810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)