

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90358 040 \*\*\*150.00

DOCUMENT # **P0100001869G**

1. Entity Name

**All About Bail Bonds Inc****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**408 S Andrews Av**

Suite, Apt. #, etc.

3. Mailing Address

**408 S Andrews Av**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

 **Ft. Lauderdale FL**

City &amp; State

 **Ft. Lauderdale FL**

4. FEI Number

**Applied**

Applied For

☒ Not Applicable**33301**

Country

**33301**

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Donna Holman**

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

**4960 SW 72nd Ave****Suite 304**

City

**Miami****FL****33155****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 of the individual or registered agent who filed this report.

NOTE: Registered Agent signature required when changing

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

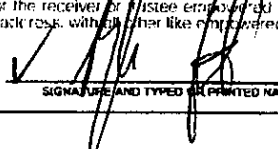
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**P.D.S.  
Blair Foster  
408 S Andrews Ave  
Ft Lauderdale FL**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE  
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NAME  
STREET ADDRESS  
CITY-STATE-ZIP**DO NOT WRITE  
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)(b), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4-25-02**

DATE

**454 202-9149**

CR2E034B (12/01)