

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90631 006 ***150.00

0090772 AV

DOCUMENT # P01000038622

1. Entity Name
SANFORD BAIL BONDS, INC.



Principal Place of Business
2621 SOUTH ORLANDO DRIVE
SUITE 9
SANFORD FL 32773

Mailing Address
2621 SOUTH ORLANDO DRIVE
SUITE 9
SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3728137**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONCRIEF, RUSSELL BRUCE
3910 SOUTH JOHN YOUNG PARKWAY
ORLANDO FL 32839

Name

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

City

FL

Zip Code

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE & NAME STREET ADDRESS CITY-ST-ZIP	PD MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	D DILLIPLANE, EMILY 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	Diaz, Emily 2621 South Orlando Dr #9 Sanford FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE & NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Signature of Emily Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 4073026533

Date Daytime Phone #

CR2E034 (10/02)