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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90071 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043674

1. Entity Name

CHAD WILLIAMS BAIL BONDS, INC.

Principal Place of Business

1650 NORTH BROADWAY AVENUE
BARTOW FL 33830

Mailing Address

1650 NORTH BROADWAY AVENUE
BARTOW FL 33830

2. Principal Place of Business

580 N. Broadway Ave.

Suite, Apt. #, etc.

3. Mailing Address

580 N. Broadway Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bartow FL

City & State

Bartow FL

4. FEI Number

59-3715593

Applied For

Not Applicable

Zip

33830

Country

Polk / USA

Zip

33830

Country

Polk Co. / USA

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

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR.

245 SOUTH CENTRAL AVENUE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name
CHAD R. WILLIAMS

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

580 N. BROADWAY AVE

BARTOW FLA.

City
Bartow

33830

FL

Zip Code
33830

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

CHAD R WILLIAMS

01-22-02

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILLIAMS, CHAD R
 CITY-ST-ZIP 1650 NORTH BROADWAY AVENUE
BARTOW FL 33830

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILLIAMS, DANA S
 CITY-ST-ZIP 1650 NORTH BROADWAY AVENUE
BARTOW FL 33830

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-02

Daytime Phone #

CP2EN34 (9/01)