

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01 0000 493 66

1. Entity Name Off the Chain Bail Bonds, Inc.

DO NOT WRITE IN THIS SPACE

421623

2. Principal Place of Business
122 N. Jefferson St.
Suite, Apt. #, etc. 4

3. Mailing Address
1254 W. 28th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville

4. FEI Number
59-372 3382

Applied For
☐ Not Applicable

Zip 32202 Country US

Zip 32209 Country US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Derrick L. Spencer

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

1254 W. 28th Street

City Jacksonville **FL** Zip Code 32209

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, 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) ☒

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 P. Derrick L. Spencer
STREET ADDRESS 1254 W. 28th Street
CITY - ST - ZIP Jacksonville, FL 32209

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Derrick L. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Derrick L. Spencer 02/09/2002 (904) 355-7177

Date

Daytime Phone #

CR02034B (12/01)