

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0478599 AV

DOCUMENT # P02000078630

1. Entity Name
HELP BAIL BONDS, INC.



FILED

03 APR 17 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6213 12 AVE SOUTH
GULFPORT FL 33707

Mailing Address
6213 12 AVE SOUTH
GULFPORT FL 33707

2. Principal Place of Business
4707 140TH AVE. NORTH

3. Mailing Address
4707 140TH AVE. NORTH

Suite, Apt. #, etc.
SUITE #113

Suite, Apt. #, etc.
SUITE #113

City & State
CLEARWATER, FLORIDA

City & State
CLEARWATER, FLORIDA

Zip
33762

Country
PINELLAS

Zip
33762

Country
PINELLAS

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0416203

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

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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
DPST
LOWMAN, DAVID L
6213 12 AVE SOUTH
GULFPORT FL 33707
3665 EAST BAY DAVE
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400017338294
04/30/03--01003--015 **158.75

TITLE
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: David L Lowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-03 (727) 535-2999
Date Daytime Phone #

CR2E034 (10/02)