

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

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90029 012 ***150.00

DOCUMENT # <u>P00000067951</u>	
1. Entity Name	

QUICK RESPONSE BAIL BONDS, Inc.

DO NOT WRITE IN THIS SPACE

40091711

2. Principal Place of Business 122 E. ALFRED STREET STE 2	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAVARES, FL	City & State	4. FEI Number 52-2458698	<input checked="" type="checkbox"/> Applied For Not Applicable
Zip 32778	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James T. Hopkins
Street Address (P.O. Box Number is Not Acceptable)
122 E. Alfred Street, STE 2

City
TAVARES **FL** **Zip Code**
32778

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 _____ **President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE President	NAME James T. Hopkins
STREET ADDRESS 122 E Alfred Street, STE 2	
CITY-ST-ZIP TAVARES, FL 32778	

11.

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: James T. Hopkins **James T. Hopkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06
Date

352.217.2475
Daytime Phone #