

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90235 001 \*\*\*300.00

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

**DOCUMENT #**

1. Entity Name

P94000018158

A-FREEDOM BAIL BONDS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

233 E. BAY STREET

Suite, Apt. #, etc.

UNIT #1

City &amp; State

JACKSONVILLE, FL 32202

Zip

Country

USA

3. Mailing Address

233 E. BAY STREET

Suite, Apt. #, etc.

UNIT #1

City &amp; State

JACKSONVILLE, FL 32202

Zip

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3231745

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

SUE C. JORDAN

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

233 E. BAY STREET

UNIT #1

City

JACKSONVILLE

FL

Zip Code

32202

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 N/A

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  
STREET ADDRESS  
CITY - ST - ZIP

PRESIDENT  
SUE CAROL JORDAN  
233 E. BAY STREET UNIT #1  
JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Sue C. Jordan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE C. JORDAN

4-19-02

Date

(904)

388-0300

Daytime Phone #

CR2E034B (12/01)