

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009628

1. Entity Name

CHUCK'S BAIL BONDS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90013 023 ***150.00

Principal Place of Business

Mailing Address

1093 HWY 19 N
PALATKA FL 32177
US

PO BOX 1155
PALATKA FL 32177-1400
US

2. Principal Place of Business

3. Mailing Address

1093 HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALATKA FL.

Zip

Country

Zip

Country

32177

PUTNAM

4. FEI Number

59-3296815

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

INGRAM, CHARLES D
1093 HWY 19 NORTH
SUITE D
PALATKA FL 32177

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, CHARLES D	
STREET ADDRESS	POST OFFICE BOX 337 N/A	
CITY - ST - ZIP	HOLLISTER FL 32147	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, DALE	
STREET ADDRESS	POST OFFICE BOX 337 N/A	
CITY - ST - ZIP	HOLLISTER FL 32147	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

Daytime Phone #

4.21.00