

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069404

1. Entity Name  
**BUDGET BAIL BONDS, INC.**

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90003 020 \*\*\*150.00

0462987

80063381



DO NOT WRITE IN THIS SPACE

Principal Place of Business 111369 ASHBOR DR ORLANDO FL 32837 US		Mailing Address P.O. BOX 555936 ORLANDO FL 32855 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3401237</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SIEVERS, STEVEN</b> <b>4866 SOUTH ORNAGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32839</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P SIEVERS, STEVEN</b> <b>11396 ASHBORO DR</b> <b>ORLANDO FL 32837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

8-1-01

407-841-4357

CR2E034 (10/00)

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To Whom It May Concern:

I whole-heartedly apologize for the most regrettable lateness if the filing of the corporate uniform business report. I honestly don't know where the last months have gone. I am enclosing the regular filing fees for this report and hoping you will be able to waive the penalties or at least decrease them and allow me the opportunity to make payments. My finances are not very stable at this time. My mind has been a million different places.

My mother's health is not improving (she's in a home for the mentally challenged in CA). My father had a five-way bi-pass. Both of the people I've known longest in my life besides my parents have had serious hospitalizing health problems this year. This just after my brother's passing. Now my youngest son's pediatrician says he has a hearing problem, which could be the cause of his speech impediment.

I don't mean to burden you with my problems, with God's help we'll all carry on. Although any thing you could do to help me with these penalties would be greatly appreciated.

Respectfully,



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Steven Sievers