

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076088

1. Entity Name  
A-1 BAIL BOND AGENCY, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
01-19-2000 90306 023 \*\*\*150.00

Principal Place of Business  
209 AVE. D.  
AUGUSTINE FL 32095

Mailing Address  
209 PALMETTO AVE  
ST. AUGUSTINE FL 32095-2339

80003478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt #, etc.

3. Mailing Address  
152 MEADOW AVENUE  
Suite, Apt #, etc.

City & State  
SAINT AUGUSTINE, FL 32095

4. FEI Number 59-3406615  
Applied For  
Not Applicable

Zip Country  
32095 US

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

6. Name and Address of Current Registered Agent  
HUTCHINSON, GREGORY MARK  
209 PALMETTO AVE.  
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTCHINSON, FRANKLIN S 209 PALMETTO AVE ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHINSON, GREGORY M 209 PALMETTO AVE ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICE, SUZANNE RENEE 209 PALMETTO AVENUE ST. AUGUSTINE FL 32095 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHINSON, GREGORY M. 152 MEADOW AVENUE SAINT AUGUSTINE, FL 32095 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: /GREGORY M. HUTCHINSON  
Date 01/11/2000  
Daytime Phone #

CR2E034 (9/99)