

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90037 019 ***150.00

DOCUMENT # P96000076088

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

Principal Place of Business

4401-AVE. D.
ST. AUGUSTINE FL 32095

Mailing Address

152 MEADOW AVENUE
ST. AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3406615**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINSON, GREGORY MARK
209 PALMETTO AVE.
ST. AUGUSTINE FL 32095

Name **Hutchinson, Gregory Mark**
 Street Address (P.O. Box Number is Not Acceptable)
152 Meadow Ave
 City **St. Augustine** **FL** Zip Code **32095**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **HUTCHINSON, FRANKLIN S**
STREET ADDRESS **209 PALMETTO AVE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **SD** ☒ Change ☐ Addition
NAME **Hutchinson, Franklin S**
STREET ADDRESS **152 Meadow Ave.**
CITY-ST-ZIP **St. Augustine, FL 32095**

TITLE **PD** ☐ Delete
NAME **HUTCHINSON, GREGORY M**
STREET ADDRESS **152 MEADOW AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
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**

1-11-02 **904-825-2801**
 Date Daytime Phone #

CR2E034 (9/01)