

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085131

1. Corporation Name

NATIONWIDE BAIL BONDS OF TAMPA, INC.

Principal Place of Business

512 N ORIENT RD
TAMPA FL 33619
US

Mailing Address

P.O. BOX 2161
RIVERVIEW FL 33568
US

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90138 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3408336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2512 N Orient Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

23 City & State

Tampa FL

28 City & State

Zip Country

24 33619

25

29

30

9. Name and Address of Current Registered Agent

CHAYKIN, CRAIG A
2802 FALLING LEAVES DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

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

2512 Orient Rd

83

84 City Tampa

FL

85 Zip Code 33619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS CHAYKIN, CRAIG
CITY-ST-ZIP 2512 N. ORIENT ROAD
TAMPA FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS CHAYKIN, KIMBERLY
CITY-ST-ZIP 2512 N. ORIENT RD
TAMPA FL

TITLE ☐ DELETE
NAME A
STREET ADDRESS AABA, AARON
CITY-ST-ZIP 1704 NW 14TH STREET
MIAMI FL 33124

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

Daytime Phone #

CR2E034 (1/1/98)