

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076306

1. Entity Name

33RD STREET BAIL BONDS, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90055 042 ***150.00

Principal Place of Business

Mailing Address

3001 WEST 39TH STREET
SUITE 7
ORLANDO FL 32839
US

3001 WEST 39TH STREET
SUITE 7
ORLANDO FL 32839-9212
US

00842503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2911 W. 39th street

3. Mailing Address

2911 W. 39th st.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32839

Country

US

Zip

32839

Country

US

4. FEI Number 59-3488438

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

VONWALDNER, JOSEPH K
3001 W 39TH ST
#7
ORLANDO FL 32839

Name Joseph K. Von Waldner

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

2911 W. 39th St. Suite 200

City Orlando

FL

Zip Code 32839

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

Joseph K. Von Waldner

3/20/2000

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 P
NAME VONWALDNER, JOSEPH K
STREET ADDRESS 3001 W 39TH ST
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME Change only address ☐ Change ☐ Addition
STREET ADDRESS 2911 W. 39th st. orlando, FL
CITY-ST-ZIP Suite 200 32839

TITLE VP
NAME Joseph A.
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME Joseph A. Von Waldner ☐ Change ☐ Addition
STREET ADDRESS 2911 W. 39th st.
CITY-ST-ZIP Suite 200 orlando, FL 32839

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec
NAME Lynn Von Waldner ☐ Change ☒ Addition
STREET ADDRESS 2911 W. 39th st.
CITY-ST-ZIP Suite 200 orlando, FL 32839

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Joseph K. Von Waldner

3/20/2000

407 425-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)