

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90050 008 \*\*\*158.75

DOCUMENT # P98000000900

1. Entity Name

BETTY TURNER BAIL BONDS INCORPORATED

Principal Place of Business

12 N LIBERTY ST  
JACKSONVILLE FL 32202

Mailing Address

12 N LIBERTY ST  
JACKSONVILLE FL 32202

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 56-1856898

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

TURNER, BETTY ALLETTA  
5042 RIVERBROOK COURT  
JACKSONVILLE FL 32277

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's 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, 2001 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

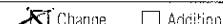
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
TURNER, BETTY  
327 EAST BAY STREET  
JACKSONVILLE FL 32202



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Turner, Betty  
12 North Liberty Street  
Jacksonville, FL 32202



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

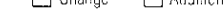


Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

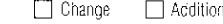


Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



Change



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 (904) 633-8021

Date

Daytime Phone #

CR2E034 (10/00)