

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90006 013 ***150.00

DOCUMENT # P98000108018

1. Entity Name

AMERICA'S BEST BAIL BONDS, INC.

Principal Place of Business

**1015 S CONGRES AVE
 WEST PALM BEACH FL 33406**

Mailing Address

**1015 S CONGRES AVE
 WEST PALM BEACH FL 33406**

2. Principal Place of Business

807 BELVEDERE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

SAME

Zip

33405

Country

USA

Zip

Country

4. FEI Number

65-0892539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, MARIE M
 1407 N 74TH TERR
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

JEAN R. ACKILLE

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

807 BELVEDERE RD

City

W. PALM BEACH

FL

Zip Code

33405

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

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

(NOTE: Registered Agent signature required when reinstating)

4-21-02
 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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ACHILLE, JEAN-ROBERT**
 STREET ADDRESS **320 S.E. 9TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **PAUL, MARIE M**
 STREET ADDRESS **1407 N 74TH TERR**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Marie M. Paul
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Paul **1-6-01** **(954) 525-1003**
 Date Daytime Phone #

CR2E034 (9/01)