

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90277 049 ***150.00

DOCUMENT # P99000050144

1. Entity Name

NICKEL BAIL BONDS, INC.

Principal Place of Business

Mailing Address

**2641 AIRPORT ROAD
SUITE A-101
NAPLES FL 34112****AIRPORT RD S.****2641 AIRPORT ROAD
SUITE A-101
NAPLES FL 34112****AIRPORT RD S.****859245**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2641 AIRPORT RD S.**2641 AIRPORT RD S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-101**A-101**

City & State

City & State

4. FEI Number **59-2198011**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLIFTON, THOMAS S
2641 AIRPORT RD
NAPLES FL 34112**

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 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
**P
CLIFTON, THOMAS Z
2641 AIRPORT RD S A-101
NAPLES FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEE
BARBARA CLIFTON
650 HAPPY ACRES RD
BROWARD NC 28712** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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

THOMAS Z CLIFTON**4/27/01**

Date

941-775-6556

Daytime Phone #

CR2E034 (10/00)