

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90198 024 ***550.00

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DOCUMENT # P99000058954

1. Entity Name

A AVAILABLE BAIL BONDS, INC.



Principal Place of Business

2055 S BABCOCK ST
MELBOURNE FL 32901

Mailing Address

2055 S BABCOCK ST
MELBOURNE FL 32901

2. Principal Place of Business

2055 S Babcock St.

3. Mailing Address

2055 S Babcock St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3584660

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ECKER, THERESE K
2055 S BABCOCK ST
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Ecker, Therese K.

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

2055 S Babcock Street

City

Melbourne

FL

Zip Code

32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ECKER, THERESE K
CITY-ST-ZIP 340 W EXETER ST
SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME D
STREET ADDRESS ECKER, RANDALL L
CITY-ST-ZIP 340 W EXETER ST
SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Therese K. Ecker 5/1/03 321-953-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)