

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90107 009 \*\*\*150.00

**DOCUMENT # H58078**

1. Entity Name  
**A1A BAIL BONDS, INC.**



Principal Place of Business  
**1408 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316**

Mailing Address  
**1408 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316**

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2. Principal Place of Business  
**1409 S.E. 1ST AVENUE**

3. Mailing Address  
**1409 SE 1ST AVENUE**

Suite, Apt. #, etc.  
**REAR BLDG**

Suite, Apt. #, etc.  
**REAR BLDG**

City & State  
**FT LAUDERDALE, FL**

City & State  
**FT LAUDERDALE, FL**

4. FEI Number  
**59-2533002**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip  
**33316**

Country

Zip  
**33316**

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

**SEAGER, DEBORAH C  
1408 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316**

Name  
~~SEAGER, DEBORAH C~~  
Street Address (P.O. Box Number is Not Acceptable)  
**1409 SE 1ST AVENUE  
REAR BLDG**  
City  
**FT LAUDERDALE FL** Zip Code  
**33316**

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 *Deborah C Seager*

DATE **3/17/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTSD</b>			
	<b>SEAGER, DEBORAH C</b>	<b>630 SW 44 AVENUE</b>	<b>PLANTATION FL</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Deborah C Seager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/17/03** DAYTIME PHONE # **9544676259**

CR2E034 (10/02)