

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90201 047 ***150.00

DOCUMENT # **P96000076088**

1. Entity Name

A-1 BAIL BOND AGENCY, INC.



Principal Place of Business

**4401 AVE. D.
ST. AUGUSTINE FL 32095**

Mailing Address

**152 MEADOW AVENUE
ST. AUGUSTINE FL 32095**

90008653



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

156 meadow Ave

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

City & State

Zip

Country

ST AUGUSTINE FLA

32084

USA

4. FEI Number

59-3406615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTCHINSON, GREGORY MARK
152 MEADOW AVE.
ST. AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name

Gregory Mark Hutchinson

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

156 meadow Ave

City

ST AUGUSTINE

FL

Zip Code

32084

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)

01-17-03

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 **SD** Delete
NAME **HUTCHINSON, FRANKLIN S**
STREET ADDRESS **152 MEADOW AVE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **PD** Delete
NAME **HUTCHINSON, GREGORY M**
STREET ADDRESS **152 MEADOW AVENUE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

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 **AD Gregory M Hutchinson**
STREET ADDRESS **156 meadow Ave**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE RECORDED

01-17-03

904-825-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-23-2003 AV

CR2E034 (10/02)