APPEARANCE BOND

SEND ALL COURT NOTICES TO:

POWER #						
A.III.201 # _	STATE OF FLORIDA vs		FOR FURTHER ACTION ON THIS BOND CONTACT			
			IN THE			
Court Roor	n		Court			
Time			County			
			STATE OF FLORIDA			
his/her succ surety, for a administrate	essors in office, the said principal a like amount, for the payment ors and assigns firmly by these p	, in the sum of \$ whereof well and to presents.	and firmly bound unto the Governor of the State of Florida, and and the said ruly to be made, we bind ourselves, our heirs, executors,			
Sigi	iled and sealed this	day of	A.D			
at the next F	Regular or Special term of the abo	ve court and shall su	incipal shall appear on, bmit to the said court to answer a charge ofand shall submit			
force and vir	rtue.	•	out leave, then this obligation to be void, else to remain in full			
	FORE ME AND APPROVED BY N Sher	"Military MIPA"	X (L.S.)			
			UNITED STATES FIRE INSURANCE COMPANY			
Ву	D.9		(L.S.)			
157 Maii P.O. Bo (800) 24	TES FIRE INSURANCE COMPANY In Street, Greenville, PA 16125 INDEX SOR GREENVILLE, PA 16125 IS-0366 I FAX (724) 588-8801 II: CourtNotices@cfins.com	A PLAWARE WITH	(ATTORNEY-IN-FACT SURETY)			
Ρ	SEND TO:		UNITED STATES FIRE INSURANCE COMPANY 157 Main Street, Greenville, PA 16125 P.O. Box 806, Greenville, PA 16125 (800) 245-0366 I FAX (724) 588-8801 Email: CourtNotices@cfins.com			
000	CERTIFICATE OF DI	SCHARGE OF	BOND			
	Case Number	Bond Amount	Power No			
—	Defendant		court			
	I examined the records of		day of			
			and found that the bond with corresponding power			
	_		of the following disposition			
			Person rendering decision			
			, Witness my hand and official seal this			
	aay or	, ,	Title			

SURRENDER

THE UNDERSIGNED SURETY on the bond of				<u> </u>				
wishes to surrender said defendant and come off bond and herel	by authorizes							
as licensed bail bond agent of said Surety or any Law Enforcement	ent Officer having jurisdiction	n to take the said						
into custody and deliver and surrender him/her or cause him/her to be surrendered into the custody of the Sheriff of Cou								
Fio	orida. This instrument is certi	fied to be a true and co	rrect copy of the origi	nal bond now of record				
in said case.								
UNITED STATES FIRE INSURANCE COMPANY by				(Attorney-In-Fact)				
	STATEMENT							
,, am a duly licensed bail bond agent pursuant to Chapter 648, Florida Statutes, and have								
registered for the current year with the office of the Sheriff ar	nd Clerk of the Circuit Cou	urt of the aforesaid cou	unty, and have filed	a certified copy of my				
appointment by Power of Attorney for the Surety with the office o	f the Sheriff and Clerk of the	Circuit Court of the afo	orementioned County.	And that				
Principal								
Address								
has given (or promised to give) the sum of	(\$) Dollars as				
consideration for Bail Bond Number		Court						
located in	, Flo	orida, together with the	promise (or receipt) o	f security belonging to:				
Name(s):								
Address:								
as follows: (Provide detailed description and source of security)	Indemnity Agreement	Promissory Note	Mortgage Deed	Car Title				
That a duly signed receipt has been given to the said				(Principal)				
for the consideration given and/or that the said		(r	name) has (also) beer	given a receipt for the				
security described above.								
(Bond Agent)								
(Agency)								
(Address)								