

424



# WARRANT - SERVED

ALACHUA COUNTY SHERIFF'S OFFICE  
2621 SE HAWTHORNE RD  
GAINESVILLE, FLORIDA 32641

24-2458  
0108065266

Warrant Date/Time 03/11/2024 00:00	Report Number ASO24WAR001174	Case Number/CAD Number	Reporting Officer Name COLLINS, LASHON C
Court Case Number 012024CF000812A	Court Warrant Number		Other Number 29343268
Originating Agency ORI FL0010000	Occurrence Date Time Range -	Jurisdiction	
Received From Court	Court County	Court	Judge DAVIS, WIL
Court Location 1		Court Location 2	

### Location of Occurrence

Location Type	Location Description		
Street Number 2011	Street SW 9TH TERRACE	Apt/Lot/Bldg	
County <i>Alachua</i>	City GAINESVILLE	State FL	Zip 32601

### Suspect

First Name ALEXIS	Middle Name ERKKI	Last Name HYTONEN	Suffix	Date Of Birth 11/13/1979	Age 44	Race WHITE	Sex MALE
SSN [REDACTED]	MNI # ASO09MNI012692	Place Of Birth <i>Spain</i>	Height <i>6'0</i>	Weight <i>0 310</i>	Hair <i>Bk</i>	Eyes <i>Brd</i>	
DL or ID Number H355005794131		ID State FL	ID Type	Address Type			
Street Number 2011	Street SW 9TH TERRACE		Apt/Lot/Bldg				
County <i>alachua</i>	City GAINESVILLE	State FL	Zip 32601	Phone Number	Extension		
Location Description				<i>954 232 3120</i>			

FILED  
OK 61  
2024 MAY 15 AM 8:19  
J.K. JONES, CLERK OF COURTS,  
ALACHUA COUNTY, FL

SAR 953  
MAY 14 2024

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### Charge(s)

Counts 1	Charge 212.15.2b	General Offense Code COMMITTED	Bond Amount	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY	Arrest Offense Code Description LARC		
Charge Description SALES TAX FAIL REMIT 1000 DOLS LT 20K DOLS				
Original Charge				

### Bond Set by Court

Bond Amount \$0.00	No Bond? No
Bond Type(s): ROR/SIGN	

### Probable Cause

Issue Reason: Issued Direct Inform
Special Conditions: BAIL SET AT ROR/MAY BE ADJUSTED/NO EXTRADITION

### Warrant Service

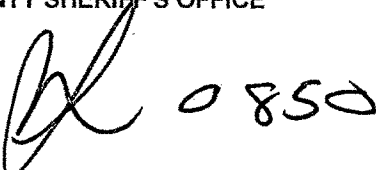
Service Date/Time 05/14/2024 02:32			
Location Type JAIL FACILITY	Location Description 3333 NE 39TH AVE.		
Street Number 3333	Street NE 39TH AVE	Apt/Lot/Bldg	
County ALACHUA	City GAINESVILLE	State FL	Zip 32609

SAR 953  
MAY 14 2024

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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

**Reporting Officer**

Officer Name COLLINS, LASHON C	Officer Rank DOJ 1ST AP	Officer ID No 0850	Sworn and subscribed before me, the undersigned authority This the ____ day of _____, _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency ALACHUA COUNTY SHERIFF'S OFFICE			
Officer Signature 			

Officer Name	Officer Rank	Involvement On Report	ID #	Org/Unit	Officer Agency
GOODPASTER, KATHERIN	CIVILIAN		0758	WARRANTS	ALACHUA COUNTY SHERIFF'S OFFICE
HEBEL, DEBORAH L	CIVILIAN		0156	WARRANTS	ALACHUA COUNTY SHERIFF'S OFFICE

SAR 953  
 MAY 14 2024