#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRES

SIGNATURE: MICHAEL PARISCIANI

Electronic Signature of Signing Officer/Director Detail

#### **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

#### DOCUMENT# P0700000406

#### Entity Name: NATIVE BAIL BONDS, INC

#### **Current Principal Place of Business:**

72 E. MAIN ST 200 APOPKA, FL 32703

#### **Current Mailing Address:**

72 E. MAIN ST 200 APOPKA, FL 32703 US

## FEI Number: 20-8137197

#### Name and Address of Current Registered Agent:

PARISCIANI, MICHAEL J 5698 RON RD ST CLOUD, FL 34771 US

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.

		-	-	
SIGNATURE	: MICHAEL J PARISCIANI			04/22/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	S	
Name	PARISCIANI, MICHAEL J	Name	JUSTER, TAMMY	
Address	5698 RON RD	Address	437 WILMINGTON CIRCLE	
City-State-Zip:	ST CLOUD FL 34771	City-State-Zip:	OVIEDO FL 32765	

# Certificate of Status Desired: No

04/22/2019

Date

## FILED Apr 22, 2019 Secretary of State 3713530783CC