

DOCUMENT # P99000077965

1. Entity Name

BIG JIMS BAIL BONDS, INC

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90039 004 \*\*\*150.00

Principal Place of Business

~~48 W. MOWRY STREET  
 HOMESTEAD FL 33030~~

Mailing Address

~~48 W. MOWRY STREET  
 HOMESTEAD FL 33030-5902~~

2. Principal Place of Business

251 South Homestead Blvd Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Homestead, FL

City &amp; State

Zip

Country

33030 USA

4. FEN Number

Applied for

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORRIS, MILTON J  
 48 W. MOWRY STREET  
 HOMESTEAD FL 33030~~

 Morris, Milton J.  
 251 South Homestead  
 Blvd  
 Homestead, FL  
 33030

7. Name and Address of New Registered Agent

Name Milton James Morris

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

17421 SW 267th

City

Homestead

FL

Zip Code

33030

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-00

 9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

 10. Election Campaign Financing  
 Trust Fund Contribution. ☐

 \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pres.	Milton James Morris	251 South Homestead Blvd Homestead, FL 33030				
	Vice Pres.	Rivera, Sammy	251 South Homestead, Blvd Homestead, FL 33030				
	Sec.	Rivera, Roberto	251 South Homestead, Blvd Homestead, FL 33030				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 305247-7779