

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90128 039 ***150.00

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DOCUMENT # P99000077965

1. Entity Name

BIG JIMS BAIL BONDS, INC



Principal Place of Business

**17421 SW 267 LANE
HOMESTEAD FL 33031**

Mailing Address

**PO BOX 3434 46
FLORIDA CITY FL 33034**

2. Principal Place of Business

3. Mailing Address

17421 SW 267 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead, FL

City & State

City & State

4. FEI Number

65-1137613

Applied For

Not Applicable

Zip

Country

Zip

Country

33031

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARY, RIVERA
17421 SW 267 LANE
HOMESTEAD FL 33030**

Name

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

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERA, SAMMY	
STREET ADDRESS	17421 SW 267 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, ROBERTO	
STREET ADDRESS	17421 SW 267 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARY, RIVERA	
STREET ADDRESS	17421 SW 267 LANE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/03

Date

Daytime Phone #

CR2E034 (10/02)