

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 314920

FILED  
Mar 05, 2003  
Secretary of State

Entity Name: ERNEST SMITH INSURANCE AGENCY, INC.

## Current Principal Place of Business:

401 E. JACKSON ST.  
SUITE 1700  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1348  
TAMPA, FL 33601 US

## New Mailing Address:

FEI Number: 59-1161281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L.  
401 E. JACKSON ST.  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: BROWN, J. HYATT  
Address: 220 SO RIDGEWOOD AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SVPD ( ) Delete  
Name: GRAMMIG, LAUREL L.  
Address: 401 E. JACKSON ST.  
City-St-Zip: TAMPA, FL

Title: P ( ) Delete  
Name: DERESZYNSKI, NICK  
Address: 1819 MAIN STREET SUITE 315  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: WALKER, CORY T  
Address: 220 S. RIDGEWOOD AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete  
Name: PHILLIPS, JEFFERY  
Address: 1819 MAIN STREET SUITE 315  
City-St-Zip: SARASOTA, FL 34236

Title: VPAS ( ) Delete  
Name: DONEGAN, JR., THOMAS M  
Address: 401 E. JACKSON ST., STE. 1700  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG

VPS

03/05/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date