

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H41843**

1. Entity Name  
**SHAD BROTHERS INSURANCE AGENCY, INC.**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90045 026 \*\*\*150.00

Principal Place of Business <b>7700 BLANDING BLVD. JACKSONVILLE FL 32244</b>	Mailing Address <b>7700 BLANDING BLVD. JACKSONVILLE FL 32244-5114</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5031 YACHT CLUB RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>5031 YACHT CLUB RD</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>	4. FEI Number <b>59-2491753</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32210</b>	Country <b>USA</b>	Zip <b>32210</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHAD, HAROLD W., III 7700 BLANDING BLVD. JACKSONVILLE FL 32244</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5031 YACHT CLUB RD</b> City <b>Jacksonville, FL</b> Zip Code <b>32210</b>
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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 *H. Shad* (NOTE: Registered Agent signature required when reinstating) DATE 4/15/00

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	<b>CDP SHAD, HAROLD W., III 7700 BLANDING BLVD. JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: *H. Shad* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/15/00 DAYTIME PHONE # 904-384-4695

CR2E034 (9/99)