

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90232 016 ***150.00

DOCUMENT # J12292

1. Entity Name
COTTON'S ALL LINES INSURANCE, INC.

Principal Place of Business
 % RICHARD MIKEL COTTON
 1222 N.W. 16TH AVE.
 GAINESVILLE FL 32601

Mailing Address
 % RICHARD MIKEL COTTON
 1222 N.W. 16TH AVE.
 GAINESVILLE FL 32601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2965764**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTON, RICHARD MIKEL
1222 N.W. 16TH AVE.

GAINESVILLE FL 32601

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	COTTON, RICHARD MIKEL		
1617 N.W. 22ND STREET	GAINESVILLE FL		
SD	COTTON, DEBRA E.		
1617 N.W. 22ND STREET	GAINESVILLE FL		

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: *Richard Mikel Cotton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/03/02 (352)331-1222
 Date Daytime Phone #

CR2E034 (4/02)

Cotton's
ALL LINES
Insurance
Inc.

Attachment
Document #
J12292
BU127185

Mike Cotton, CLU CPCU
President

1222 N.W. 16th Avenue
Gainesville, Florida 32601

7/03/02

Division of Corporations
~~Uniform Business Report Filings~~
P. O. Box 1500
TALLAHASSEE, FL 32302-1500

To Whom it may concern:

Per our conversation I do not have
record of ever receiving this 2002 Uniform
Business Report prior to 7/02/02. I have
enclosed the regular fee of \$150 per
your instruction. I have ~~been~~ filing regularly
for past 15 years & the record will show
I have always paid in a timely manner.

Thank you for your consideration & acceptance
of the regular filing fee. Sincerely

Mike Cotton, president