## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # M88776 1. Entity Name SUTTON AND ASSOCIATES INSURANCE AGENCY, INC. 05-06-2002 90214 045 \*\*\*150.00 Principal Place of Business Mailing Address 3402-Z HANCOCK BRIDGE PKY POST OFFICE BOX 3456 C/O LARRY D. SUTTON NORTH FORT MYERS FL 33918 N FT MYERS FL 33903 US 2. Principal Place of Business 3. Mailing Address 3403-2 <u>Hancock Bridge Pkwy</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0057331 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTTON, LARRY D. Street Address (P.O. Box Number is Not Acceptable) 3403-2 HANCOCK BRIDGE PKWY NORTH FT. MYERS FL 33903 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SUTTON, LARRY D. NAME STREET ADDRESS 3403-2 HANCOCK BRIDGE PKWY STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME SUTTON, EILEEN F. NAME STREET ADDRESS 3403-2 HANCOCK BRIDGE PKWY STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME SUTTON, SCOTT D. NAME STREET ADDRESS 3403-2 HANCOCK BRIDGE PKWY STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information indicated on this report or supation 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 the port 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attachment with all other like empowered.

SIGNATURE:

AURE RECOLUSATION - VP ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

239-995-7355