

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90156 008 ***550.00

DOCUMENT # P00000036617

1. Entity Name

JIMMIE GILES INSURANCE CORPORATION

Principal Place of Business

Mailing Address

5383 EHRlich RD., STE. 102
 TAMPA FL 33625

5383 EHRlich RD., STE. 102
 TAMPA FL 33625

00063343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2007 Swann Ave.

3. Mailing Address

2007 Swann Ave.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3641570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33606

Country

U.S.A.

Zip

33606

Country

U.S.A.

6. Name and Address of Current Registered Agent

GILES, JIMMIE V
 5383 EHRlich RD., STE. 102
 TAMPA FL 33625

7. Name and Address of New Registered Agent

Name: Giles, Jimmie V.
 Street Address (P.O. Box Number is Not Acceptable): 2007 Swann Ave.
 Suite 2
 City: Tampa, Florida FL Zip Code: 33606

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)

9/5/01

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 \$150.00
After MAY 1, 2001 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: D Delete
 NAME: GILES, JIMMIE V
 STREET ADDRESS: 5383 EHRlich RD., STE. 102
 CITY-ST-ZIP: TAMPA FL 33625

TITLE: President Change Addition
 NAME: Giles, Jimmie V.
 STREET ADDRESS: 2007 Swann Ave., Suite 2
 CITY-ST-ZIP: Tampa, Florida 33606

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Date

(813) 908-3585

Daytime Phone #

CR3E034 (10/00)