## 2002 UNIFORM BUSINESS REPORT (UBR)

HEADLEY, GARY B

3544 S.FL-AVE....

of the corporation or the recei changed, or on an attachmen

SIGNATURE:

## FILED Sep 17, 2002 8:00 am Secretary of State

019 \*\*\*150.00

00019

Applied For Not Applicable

DOCUME  1. Entity Name  HEADLEY INS	ENT # P93 SURANCE CORPOR	000066118 RATION				1 <b>ry 01 S</b> 1 90093 019 ***1	
Principal Place of Business		Mailing Address			UNTOORTO		
3544 S FL AVE SUITE 5 LAKELAND FL 33803 US	3	3544 S FL AVE Suite 5 Lakeland FL 33803 US				υυ <b>υ</b>	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	·	4. FEI Number	59-3200596	Applied Not App	
Zip	Country	Zip	Country	5. Certificate o	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and A	7. Name and Address of New Registered Agent		

SUITE 5 LAKELAND FL 33803 City 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 # applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!-FEE:IS \$150.00---10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. "After May 1, 2002-Fee will be \$550.00~ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) TITLE ☐ Delete ☐ Change ☐ Addition HEADLEY, GARY B NAME NAME STREET ADDRESS 3544 S FL AVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ☐ Addition NAME HEADLEY, LAURA M NAME STREET ADDRESS 3544 S FL AVE STREET ADDRESS CITY-ST-7IP LAKELAND FL 33803 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME Headley, Scott-STREET ADDRESS STREET ADDRESS **3544 S. FL Ave.** CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33803 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 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-ZIP 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 critrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Street Address (P.O. Box Number is Not Acceptable)



HOME OFFICE: ONE NATIONWIDE PLAZA . COLUMBUS, OHIO 43216

## attachment

#P93000066118

09/09/02

Florida Department Of State Division of Corporations PO Box 1500, Tallahassee, Florida. 32302-1500 (863) 701-7411

To Whom It May Concern:

I spoke with Drew today from your department and explained to her that Laura M Headley passed away Jan 18<sup>th</sup>, 2002. With her passing I have feel into the roll of corporation Treasurer. It is a major responsibility that I am trying very hard to adjust to. As I do not yet have a full understanding of this position I unintentionally failed to have this report and money in on a timely basis. I apologize for any inconvenience this may have caused. I was advised by Drew that your department would even be as kind as to wave all late charges under these circumstances. We deeply appreciate this kindness during this tragic time in our lives. If you have any questions please give me a call.

Thank you

Scott J. Headley