

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 050 ***150.00

DOCUMENT # **P94000071063** ✓
 Entity Name
Jennifer Hester Insurance Agency Inc

Principal Place of Business Mailing Address
238 N New Warrington RD
Pensacola FL 32506

Principal Place of Business 3. Mailing Address
Same **2620 N 12th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Pensacola FL
 Zip Country Zip Country
32503



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-327334** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Jennifer Hester Insurance Inc
238 N New Warrington RD
Pensacola FL 32506

7. Name and Address of New Registered Agent
 Name
 Street A **Bass and Sandfort Accountants**
2620 N 12th Ave
Pensacola FL 32503
 City

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 **2/16/02**
 (NOTE: Registered Agent signature required when consolidating) DATE

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

OFFICERS AND DIRECTORS	
1. ADDRESS ST - ZIP	D P S T ☐ Delete Richard McKee Same Address
1. ADDRESS ST - ZIP	☐ Delete Jennifer Hester Same Address
1. ADDRESS ST - ZIP	☐ Delete
1. ADDRESS ST - ZIP	☐ Delete
1. ADDRESS ST - ZIP	☐ Delete
1. ADDRESS ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. VP ☒ Change ☐ Addition Richard McKee
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P S T ☐ Change ☒ Addition Jennifer Hester Same Address
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

SIGN & DATE

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: **Jennifer Hester** **1/31/02** **(850) 455-2234**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/00)