

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90043 037 \*\*\*158.75

**DOCUMENT # P98000021175**

1. Entity Name  
**PILLAR INSURANCE AGENCY, INC.**

Principal Place of Business <b>1301 6TH AVE W          STE 310          BRADENTON FL 34205</b>	Mailing Address <b>1301 6TH AVE W          STE 310          BRADENTON FL 34205</b>
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1 0 4 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 9729</b> Suite, Apt. #, etc.
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City & State <b>Bradenton, FL 34206-9729</b>	4. FEI Number <b>59-3494923</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>MANATEE</b>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUIKSHANK, DAVID C  
 1301 6TH AVE W  
 STE 310  
 BRADENTON FL 34205**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	Zip Code
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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 DAVID C. CRUIKSHANK, PRESIDENT

DATE 4/24/01

Signature, typed or printed name of registered agent and title if applicable.

(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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D WEICHEL, JOHN A 4401 RIVERVIEW BLVD BRADENTON FL 34209</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D CRUIKSHANK, DAVID C 4716 18 AVE W BRADENTON FL 34209</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S WAAG, ROSETTA 5928 DORAL DR. SARASOTA FL 34243</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROSETTA WAAG ROSETTA WAAG, CORPORATE SECRETARY

1-800-780-8423 Ext. 230

4/24/01

Date Daytime Phone #

CR2E034 (10/00)