

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90039 013 ***158.75

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DOCUMENT # P98000021175

1. Entity Name
PILLAR INSURANCE AGENCY, INC.

Principal Place of Business
**1301 6TH AVE W
 STE 310
 BRADENTON FL 34205**

Mailing Address
**PO BOX 9729
 BRADENTON FL 34206-9729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4730 SR 64 East

3. Mailing Address
 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State

4. FEI Number
59-3494923

Applied For
 Not Applicable

Zip
34208

Country
USA

Zip

Country

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

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)
4730 SR 64 East
 City **Bradenton** **FL** Zip Code **34208**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D WEICHEL, JOHN A 4401 RIVERVIEW BLVD BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUIKSHANK, DAVID C 4716 18 AVE W BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAAG, ROSETTA 5928 DORAL DR. SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: ROSETTA WAAG, CORPORATE SECRETARY **1-800-780-8423 Ext. 1026**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-15-02** Date Daytime Phone #

CR2E034 (9/01)