## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000108183 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** UNITED FIRE PROTECTION, INC. 03-01-2000 90025 045 \*\*\*150.00 Principal Place of Business Mailing Address 760 24TH AVE. N. 760 24TH AVE. N. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Ward St 1107 N. Ward 1107 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FL Not Applicable Tampa Tampa Country \$8.75 Additional 5. Certificate of Status Desired 336<u>07</u> USA Fee Required 33*60*7 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS, D. CHAD Street Address (P.O. Box Number is Not Acceptable) 760 24TH AVE. N. ST. PETERSBURG FL 33704 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. O Chad Norris FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vice President President ☐ Delete TITLE TITLE RICK A. Scott NORRIS, D. CHAD NAME NAME 9907 Woodbay Dr. STREET ADDRESS STREET ADDRESS 760 24TH AVE. N. Tampa, FL 33626 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 COOL ON COMPANY Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secretary Edward B. More TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME 13907 porthfinder Dr. STREET ADDRESS STREET ADDRESS Tampa, FL 33625 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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