2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 13, 2000 8:00 am **DOCUMENT # \$41417** 1. Entity Name **Secretary of State** MCARTHUR INSURANCE AGENCY, INC. 03-13-2000 90066 040 ***150.00 Mailing Address Principal Place of Business 13551 WALSINGHAM RD 8640 SEMINOLE BLVD SEMINOLE FL 34642 LARGO FL 33774-3530 บร 2. Principal Place of Business 3. Mailing Address 13551 WALSINGHAM RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3061063 FL Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 33774-3530 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCARTHUR HOFSTRA, PETER T. 8640 SEMINOLE BLVD SEMINOLE FL 34642 City Zin Code 33774 LARGO se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above partied entity submits this statement for the pur SIGNATURE of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE ☐ Delete MCARTHUR, DOUGLAS M. NAME NAME 13946 105TH AVENUE N. STREET ADDRESS STREET ADDRESS 33774 CITY-ST-ZIP CITY-ST-ZIP LARGO FL **T** Change ☐ Addition ☐ Delete TITLE TITLE MCARTHUR, MARSHA J. NAME NAME STREET ADDRESS STREET ADDRESS 13946 105TH AVENUE N. 33774 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change Addition _ Delete TITLE MCARTHUR, MARSHA J. NAME NAME STREET ADDRESS 13946 105TH AVENUE N. 33774 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TID F Change ☐ Delete 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 supplied ental 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 of the receiver or trustee empowered to execute this report as required to 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.

LUGLAS M. MC ARTHUL

FILED