# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: DOUGLAS J MAYER

Electronic Signature of Signing Officer/Director Detail

## Entity Name: DOUG MAYER INSURANCE AGENCY, INC. **Current Principal Place of Business:**

5737 9TH AVENUE NORTH ST. PETERSBURG, FL 33710

DOCUMENT# P96000082116

#### **Current Mailing Address:**

5737 9TH AVENUE NORTH ST. PETERSBURG. FL 33710

#### FEI Number: 59-3404306

#### Name and Address of Current Registered Agent:

MAYER, DOUGLAS J 5737 9TH AVENUE NORTH ST. PETERSBURG, FL 33710 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PD	Title	SD
Name	MAYER, DOUGLAS J	Name	MAYER, PAMELA S
Address	5737 9TH AVENUE NORTH	Address	5737 9TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710	City-State-Zip:	ST. PETERSBURG FL 33710

FILED Feb 11, 2013 Secretary of State CC9817485604

Certificate of Status Desired: No

Date

02/11/2013 Date

## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### above, or on an attachment with all other like empowered.

PRESIDENT