

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 126191

1. Entity Name

DESOTO INSURANCE AGENCY INC

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90002 049 ***150.00

Principal Place of Business

Mailing Address

104 SOUTH POLK
PO BOX 880
ARCADIA FL 34266
US

PO BOX 880
104 SOUTH POLK
ARCADIA FL 34265-0880
US

2. Principal Place of Business

243 North Brevard Ave.

3. Mailing Address

P.O. Box 880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

243 North Brevard Ave.

City & State

Arcadia, FL

City & State

Arcadia, FL

4. FEI Number

59-0218850

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

34265-0880

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBLER, LEWIS J
104 SOUTH POLK
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

243 North Brevard Avenue

City

Arcadia

FL

Zip Code
34266

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

Lewis Ambler, Jr.

January 28, 2000

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, 2000 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

TITLE PD ☐ Delete
NAME AMBLER, LEWIS, JR.
STREET ADDRESS 104 SOUTH POLK
CITY-ST-ZIP ARCADIA FL

TITLE STD ☐ Delete
NAME SMITH, REX D
STREET ADDRESS 104 SOUTH POLK
CITY-ST-ZIP ARCADIA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 243 North Brevard Avenue
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☒ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Lewis Ambler, Jr.

January 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)