

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90070 005 ***150.00

DOCUMENT # 149554

1. Entity Name

MUTUAL INSURANCE, INC.

Principal Place of Business

MUTUAL INSURANCE, INC.
1900 FIRST AVE N
ST PETERSBURG FLA 33713

Mailing Address

PO BOX 12350
1900 FIRST AVE N
ST PETERSBURG FL 33733
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0345980

Applied For

Not Applicable

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

REGINA SKIERSKI
1900 FIRST AVENUE NORTH
ST PETERSBURG FL 33713

Name

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

City

FL

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.

SIGNATURE

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, 2001 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: **C** Delete
 NAME: **CURTIS W STODGHILL**
 STREET ADDRESS: **105 E NORTH STREET**
 CITY-ST-ZIP: **GREENVILLE SC**

TITLE: **D** Change Addition
 NAME: **WARD CURTIS - UNITED TRUST**
 STREET ADDRESS: **P. O. BOX 14517**
 CITY-ST-ZIP: **ST. PETERSBURG, FL 33733**

TITLE: **PD** Delete
 NAME: **REGINA M SKIERSKI**
 STREET ADDRESS: **1900 FIRST AVE N**
 CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SD** Delete
 NAME: **MITCHELL MARSH**
 STREET ADDRESS: **1900 FIRST AVE N**
 CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VD** Delete
 NAME: **LINDA A QUICK**
 STREET ADDRESS: **1900 FIRST AVE N**
 CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: **V** Change Addition
 NAME: **LINDA A QUICK**
 STREET ADDRESS: **1900 FIRST AVE N**
 CITY-ST-ZIP: **ST. PETERSBURG, FL 33713**

TITLE: **T** Delete
 NAME: **HELGA M HOPPES**
 STREET ADDRESS: **1900 FIRST AVE N**
 CITY-ST-ZIP: **ST PETERSBURG FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Helga M. Hoppes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helga M. Hoppes

3/26/01 (727) 896-0006
 Day Daytime Phone #

10/2/00

CR2E034 (10/00)

AUUUUUUU



DO NOT WRITE IN THIS SPACE