

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90014 021 ***158.75

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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-0345980	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REGINA SKIERSKI 1900 FIRST AVENUE NORTH ST PETERSBURG FL 33713		7. Name and Address of New Registered Agent Name MITCHELL P. MARSH Street Address (P.O. Box Number is Not Acceptable) 1900 FIRST AVE. No. City ST. PETERSBURG FL Zip Code 33713		
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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 MITCHELL P. MARSH (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CURTIS, WARD		NAME	MITCHELL P. MARSH			
STREET ADDRESS	UNITED TRUST P O BOX 14517		STREET ADDRESS	1900 FIRST AVE. No.			
CITY-ST-ZIP	ST PETERSBURG FL 33733		CITY-ST-ZIP	ST. PETERSBURG, FL 33713			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REGINA M SKIERSKI		NAME	LINDA A. QUICK			
STREET ADDRESS	1900 FIRST AVE N		STREET ADDRESS	1900 FIRST AVE. No.			
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST. PETERSBURG, FL 33713			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MITCHELL MARSH		NAME				
STREET ADDRESS	1900 FIRST AVE N		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINDA A QUICK		NAME				
STREET ADDRESS	1900 FIRST AVE N		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33713		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HELGA M HOPPE		NAME				
STREET ADDRESS	1900 FIRST AVE N		STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 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: MITCHELL P. MARSH Date 3-21-02 Daytime Phone # 727-896-0006

CR2E034 (9/01)