

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 155273

1. Entity Name

SCHULTHEIS INSURANCE AGENCY, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90170 023 \*\*\*150.00

Principal Place of Business

Mailing Address

635 A BEVILLE RD.  
DAYTONA BCH FL 32119  
US

635 A BEVILLE RD.  
DAYTONA BCH FL 32119-1968  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0590840**

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

WILLIAMS, EDWARD

635 A BEVILLE RD.

DAYTONA BEACH FL 32114 32119

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, 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 ☐ Delete  
NAME V  
STREET ADDRESS WILLIAMS, NINA C.  
CITY-ST-ZIP 635 A BEVILLE  
DAYTONA BEACH FL

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS WILLIAMS, EDWARD  
CITY-ST-ZIP 635 A BEVILLE  
DAYTONA BEACH FL

TITLE ☐ Delete  
NAME President  
STREET ADDRESS E. David Williams  
CITY-ST-ZIP 635 Beville Rd  
Daytona Beach, FL 32119

TITLE ☐ Delete  
NAME Vice President  
STREET ADDRESS Helen W. Hebert  
CITY-ST-ZIP 635 Beville Rd  
Daytona Beach, FL 32119

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  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*E. David Williams* **REQUIRED** David Williams

Feb 8, 2000 904/761-7654