

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 155273

1. Entity Name

SCHULTHEIS INSURANCE AGENCY, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90011 008 ***150.00

Principal Place of Business

635 A BEVILLE RD.
DAYTONA BCH FL 32119
US

Mailing Address

635 A BEVILLE RD.
DAYTONA BCH FL 32119
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 32119

Name E. David Williams

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

same address

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

E. David Williams

E. David Williams

President

2/08/01

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

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

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

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

TITLE P
NAME WILLIAMS, DAVID E.
STREET ADDRESS 635 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Legal name is
STREET ADDRESS E. David Williams
CITY-ST-ZIP please correct!

TITLE VP
NAME HEBERT, HELEN W
STREET ADDRESS 635 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

E. David Williams

2/18/01

904/761-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)