

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 155640**

1. Entity Name

**HILES-MCLEOD INSURANCE, INC.****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90117 013 \*\*\*150.00

Principal Place of Business

**1900 N. 9TH AVE (9TH & LAKEVIEW)  
BOX 2747  
PENSACOLA FL 32503**

Mailing Address

**1900 N. 9TH AVE (9TH & LAKEVIEW)  
BOX 2747  
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-0587161**

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****EDDINS, JIMMY G  
1900 NORTH 9TH AVENUE  
PENSACOLA FL 32503**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDINS, JIMMY G.	NAME	
STREET ADDRESS	1170 SAWGRAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, CHRISTOPHER G.	NAME	
STREET ADDRESS	4004 MADURA EIGHT	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE 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	
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	
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

Date

(850) 432-9912

Daytime Phone #

CR2E034 (10/00)