

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 177858

1. Entity Name

LARGO INSURANCE AGENCY INC

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90315 021 \*\*\*150.00

Principal Place of Business

801 W. BAY DRIVE  
#705  
LARGO FL 33770  
US

Mailing Address

PO BOX 345  
LARGO FL 33779  
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

59-0721282

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

A. JOSEPH SPRAYMAN  
110 MANATEE RD.  
BELLEAIR FL 34616

Name

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

City

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 re-registering)

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	PD	<input type="checkbox"/> Delete
NAME	SPRAYMAN, A JOSEPH	
STREET ADDRESS	110 MANATEE RD.	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPRAYMAN, JUDITH D	
STREET ADDRESS	110 MANATEE RD.	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AMELL, MURIEL Y.	
STREET ADDRESS	2259 BELMAR DR.	
CITY-STATE-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Joseph Sprayman, Pres.

Date

Daytime Phone #

423 727-581-9735

CR2E034 (10/00)