

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90094 012 ***150.00

DOCUMENT # 177858

1. Entity Name
LARGO INSURANCE AGENCY INC



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
110 MANATEE RD

3. Mailing Address
110 MANATEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BELLEAIR FL.

City & State
BELLEAIR FL.

4. FEI Number **59-0721282**

Applied For
Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A. JOSEPH SPRAYMAN
110 MANATEE RD.
BELLEAIR FL 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **A. JOSEPH SPRAYMAN PRESIDENT**

DATE **4/1/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD SPRAYMAN JUDITH L.	
CITY-ST-ZIP	110 MANATEE RD.	
	BELLEAIR FL 33756	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JUDITH L. SPRAYMAN**

JUDITH L. SPRAYMAN

DATE **4/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)