

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90082 009 ***150.00

DOCUMENT # 248522

1. Entity Name
SHEFFIELD INSURANCE AGENCY INC



Principal Place of Business

~~615 N-MAIN ST~~
CHIEFLAND FL 32626
US

Mailing Address

PO BOX 1160
CHIEFLAND FL 32644
US

2. Principal Place of Business

312 E Park Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Chiefland, FL

City & State

Zip

32626

Country

USA

Zip

Country

4. FEI Number **59-0939772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOF, ELLA M.

18260 SW 73RD LOOP

DUNNELLON FL 34432

7. Name and Address of New Registered Agent

Name

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

2341 W. Springlake Dr.

City

Dunnellon

FL

Zip Code

34434

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **ROOF, ELLA M.**
STREET ADDRESS **18260 SW 73RD LOOP**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **S** ☐ Delete

NAME **ROOF, ELLA M**
STREET ADDRESS **18260 SW 73RD LOOP**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **2341 W Springlake Dr.**
STREET ADDRESS **Dunnellon, FL 34434**
CITY-ST-ZIP **1**

TITLE ☒ Change ☐ Addition

NAME **2341 W. Springlake Dr**
STREET ADDRESS **Dunnellon, FL 34434**
CITY-ST-ZIP **1**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 490-9144

CR2E034 (10/02)