

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265705

1. Entity Name
AL KINSEY AGENCY INC

Principal Place of Business
VIRGINIA T. KINSEY
382 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

Mailing Address
VIRGINIA T. KINSEY
~~382 RIVERSIDE DRIVE~~
~~ORMOND BEACH FL 32176~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5138 Foxville Gardens
Sabillasville, MD
21780 USA

4. FEI Number 59-1000995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINSEY, ALBERT H.
382 RIVERSIDE DR
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name Ray Phelan
Street Address (P.O. Box Number is Not Acceptable)
623 North Grandview Ave.
City Daytona Beach FL Zip Code 32118

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 *Ray Phelan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE S
NAME WILLIAMS, VIRGINIA K
STREET ADDRESS 382 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE V
NAME GORROD, BARBARA
STREET ADDRESS 112 WOODLAND DR.
CITY-ST-ZIP JAMESTOWN NC ☐ Delete

TITLE D
NAME KINSEY, ALBERT H.
STREET ADDRESS 382 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☒ Delete

TITLE PT
NAME KINSEY, VIRGINIA T
STREET ADDRESS 382 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 5138 Foxville Gardens
STREET ADDRESS Sabillasville, MD
CITY-ST-ZIP 21780

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

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

TITLE ☒ Change ☐ Addition
NAME 5138 Foxville Gardens
STREET ADDRESS Sabillasville, MD
CITY-ST-ZIP 21780

TITLE ☐ Change ☐ Addition
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: *Virginia T. Kinsey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-01 (301) 416-0834
Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90026 028 ***550.00



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)