

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276394

1. Entity Name

CATON INSURANCE AGENCY INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90072 040 ***150.00

Principal Place of Business

Mailing Address

3731 NOVA ROAD
PORT ORANGE FL 32119

P.O. BOX 291970
PORT ORANGE FL 32129-1970
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 59-1057189

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

CATON, REX F
958 SMOKERISE BLVD
PORT ORANGE FL 32127

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, 2000 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 P
NAME CATON, REX F.
STREET ADDRESS 958 SMOKERISE BLVD
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE C
NAME CATON, RICHARD
STREET ADDRESS 2811 SAUL ROAD
CITY-ST-ZIP S DAYTONA, FL 00000 ☐ Delete

TITLE ST
NAME JACOBS, CARLTON J
STREET ADDRESS 204 LARKWOOD DR
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

TITLE V
NAME HOSEY, JOHN H
STREET ADDRESS 6110 PHEASANT RIDGE DR
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

4-17-00 904-767-3161

CR2E034 (9/99)