

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90056 039 ***150.00

DOCUMENT # 276394

1. Entity Name

CATON INSURANCE AGENCY INC

Principal Place of Business

**3731 NOVA ROAD
 PORT ORANGE FL 32119**

Mailing Address

**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

**CATON, REX F
 958 SMOKERISE BLVD
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

John H. Hosey

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

6110 Pheasant Ridge Dr.

City

Port Orange

FL

Zip Code

32127

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

4-9-02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CATON, REX F. 958 SMOKERISE BLVD PORT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CATON, RICHARD 2811 SAUL ROAD S DAYTONA, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSEY, JOHN H 6110 PHEASANT RIDGE DR 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		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2811 Sauls St S. Daytona, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2811 Sauls St S. Daytona, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 #

4-9-02

386-767-3161

CR2E034 (9/01)