

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90030 044 ***150.00

DOCUMENT # 279838

1. Entity Name
NAPLES INSURANCE AGENCY, INC.

Principal Place of Business

**99 9TH ST N.
 NAPLES FL 33940**

Mailing Address

**99 9TH ST N.
 NAPLES FL 33940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1056609**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**HOLBROOK, JESSE C JR
 99 NINTH ST. N.
 NAPLES FL 33940**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, NORMA	
STREET ADDRESS	99 9TH ST N	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	HOLBROOK, JC	
STREET ADDRESS	99 9TH ST N	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, JESSE C. J	
STREET ADDRESS	99 9TH ST N	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLBROOK, JEFFERY C.	
STREET ADDRESS	99 9TH ST N	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 9412622108
Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE