

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90056 046 ***150.00

DOCUMENT # 288419

1. Entity Name

TROUT & LEIGH INSURANCE ,INC.

Principal Place of Business

**% JAMES A. LEIGH
 2110 MANATEE AVENUE WEST
 BRADENTON FL 34205**

Mailing Address

**% JAMES A. LEIGH
 2110 MANATEE AVENUE WEST
 BRADENTON FL 34205**

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 **59-1086391**

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

**LEIGH, JAMES A.
 2110 MANATEE AVENUE WEST
 BRADENTON FL 34205**

Name

Martha C. Leigh

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

2110 Manatee Avenue West

City

Bradenton.

FL

Zip Code

34205

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, 2001 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** ☒ Delete
 NAME **LEIGH, JAMES A.**
 STREET ADDRESS **2110 MANATEE AVE.W.**
 CITY-ST-ZIP **BRADENTON FL** **Deceased 1/30/01**

TITLE **P** ☒ Change ☐ Addition
 NAME **LEIGH, MARTHA C.**
 STREET ADDRESS **2110 MANATEE AVE. W.**
 CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Martha C. Leigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

941-748-1641

Daytime Phone #

CR2E034 (10/00)