

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90113 047 \*\*\*150.00

**DOCUMENT # 319144**

1. Entity Name  
**GREEN'S INSURANCE SERVICE, INC.**

Principal Place of Business  
**1500 6TH STREET N W**  
~~POB 9475~~  
**WINTER HAVEN FL 33881-2368**

Mailing Address  
**1500 6TH STREET. NW**  
~~POB 9475~~  
**WINTER HAVEN FL 33881**  
**US**

2. Principal Place of Business  
**1500 6th Street NW**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1500 6th Street NW**  
 Suite, Apt. #, etc.

City & State  
**Winter Haven, FL**  
 Zip  
**33881**  
 Country  
**POLK**

City & State  
**Winter Haven, FL**  
 Zip  
**33881**  
 Country  
**POLK**

4. FEI Number **59-1166973**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, JAMES L**  
**16 LAKE ARROWHEAD DR.**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
 Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*July 10, 2002*

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 13, 2002 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 **STD** ☐ Delete  
 NAME **GREEN, P.A.**  
 STREET ADDRESS **16 LAKE ARROWHEAD DR.**  
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE **PD** ☐ Delete  
 NAME **GREEN, JAMES L**  
 STREET ADDRESS **16 LAKE ARROWHEAD DR.**  
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*7-10-2002 863 294-4241*

CR2E034 (4/02)



Attachment 319144  
120754

## **Green Insurance Services**

Green's Insurance Service Inc.  
G.I.S. Insurance Inc./Dicks Agency  
Polk Insurance Co., LC

July 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

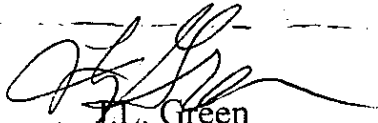
Re: 2002 UBR, Green's Insurance Service Inc.

To Whom It May Concern:

We did not receive the original UBR report form. I am concerned that a post office box that has not been used in more than ten years may have caused your form not to be received.

As per my telephone conversation with your office, please accept our check for \$150.00 filing fee.

Thank You

  
J.L. Green  
President