

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467049

1. Entity Name

BILL FROST, INSURANCE AGENCY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90263 048 ***150.00

Principal Place of Business

1617 LIENBY AVENUE
PANAMA CITY FL 32405-3711

Mailing Address

1617 LIENBY AVENUE
PANAMA CITY FL 32405-3711

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1628764**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, JIM J.
199 E. FOURTH ST.
PANAMA CITY FL 32401

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.

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

TITLE PD
NAME FROST, WILLIAM P., JR.
STREET ADDRESS 1607 LINDENWOOD DRIVE
CITY- ST- ZIP PANAMA CITY FL ☐ Delete

TITLE VD
NAME FROST, ZELMA I.
STREET ADDRESS 1604 FAIRY AVE.
CITY- ST- ZIP PANAMA CITY FL ☐ Delete

TITLE STD
NAME WESTERLY, DEBBIE ANN
STREET ADDRESS 5238 JULIE DR.
CITY- ST- ZIP PANAMA CITY FL ☐ 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

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

TITLE
NAME
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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

856-769-6163

Daytime Phone #

CR2E034 (10/00)

0463516