

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-12-2001 90003 011 ***150.00

DOCUMENT # 492909				71													
1. Entity Name HAGGERTY + SONS INSURANCE AGENCY, INC																	
Principal Place of Business 11288 202ND AVENUE NW ELK RIVER, MN 55330			Mailing Address SAME														
2. Principal Place of Business 11288 202ND AVENUE NW		3. Mailing Address SAME															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State ELK RIVER MN		City & State		4. FEI Number 51-1642227													
Zip 55330		Country SHENBURN		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent GLENN ROBERT HAGGERTY JR 101 N. Federal Hwy, Suite B Boca Raton, FL 33432			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 <i>[Signature]</i> DATE																	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)																	
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p> </div> <div> <p>10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p> </div> </div>																	
11. OFFICERS AND DIRECTORS																	
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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 life empowered.																	
SIGNATURE: <i>[Signature]</i> GLENN ROBERT HAGGERTY JR Pres 7/3/01 763-241-0642 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	

CR2E034 (11/00)