

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90078 042 ***150.00

DOCUMENT # 515336

1. Entity Name

ILER, WALL & SHONTER, INSURANCE, INC.

Principal Place of Business

**800 49TH STREET N.
 ST PETERSBURG FL 33710
 US**

Mailing Address

**PO BOX 14448
 ST. PETERSBURG FL 33733
 US**

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

59-1711216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALL, JAMES KIPPS
 800 49TH STREET N.
 ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name **RICHARD LEE ILER**

Street Address (P.O. Box Number is Not Acceptable)
800-49th St. No

City **St. Petersburg, FL** Zip Code **33710**

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 *Richard Lee Iler*

1-7-02

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ILER, RICHARD LEE**
 CITY-ST-ZIP **800 49TH STREET N.
 ST PETERSBURG FL 33710**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **JOHN P. COGGESHALL**
 CITY-ST-ZIP **800-49th St. No
 St. Petersburg, FL 33710**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **WALL, JAMES KIPPS**
 CITY-ST-ZIP **800 49TH STREET N.
 ST PETERSBURG FL 33710**

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **W. ALLEN KLUFTTS**
 CITY-ST-ZIP **800-49th St. No
 St. Pete, FL 33710**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SHONTER, CLAIRE**
 CITY-ST-ZIP **800 49TH STREET N.
 ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SHONTER, RICHARD J**
 CITY-ST-ZIP **800 49TH STREET N.
 ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ANTEKEIER, SUSAN B**
 CITY-ST-ZIP **800 49TH ST NORTH
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BUSCH, RICHARD J**
 CITY-ST-ZIP **800 49TH ST NORTH
 ST PETERSBURG FL**

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: *Richard Lee Iler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (227) 327-7070

Date

Daytime Phone #

CR2E034 (9/01)