

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90024 047 ***150.00

DOCUMENT # 524269

1. Entity Name

HERBIE WILES INSURANCE, INC.



Principal Place of Business
400 N PONCE DE LEON BLVD
PO BOX 3067
ST. AUGUSTINE FL 32085-3067
US

Mailing Address
P.O. DRAWER 3067
ST. AUGUSTINE FL 32085-3067
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

59-1707408

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

WILES, DOUGLASS F.
400 N PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILES, HERBERT 63 BAYVIEW DRIVE ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WILES, DOUGLASS F. 601 PEGGY PLACE ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINCHMAN, AUDRIA 133 N BLVD ST. AUGUSTINE FL 32095	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, JR. W 3200 CROSS CREEK PLACE ST. AUGUSTINE 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Douglass F. Wiles 405 Night Hawk Lane St. Augustine FL 32080-7489	☒ Change ☐ Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas F. Wiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

904-824-2201

Date

Daytime Phone #

CR2E034 (10/02)