## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE:

with an address with all other like empowered.

## **FILED** Jan 27, 2001 8:00 am Secretary of State **DÖCUMENT # 531614** JERRY E. ROBINSON INSURANCE, INC. 01-27-2001 90088 043 \*\*\*150.00 Principal Place of Business Mailing Address 1240 W. 23RD ST 1240 W. 23RD ST PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address 801 tortune Ave Boi Fortune Ave Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1753897 wan Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDING, BENJAMIN W. Street Address (P.O. Box Number is Not Acceptable) 220 MCKENZIE AVENUE PANAMA CITY FL 32401 Zip Code FL ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVTD** TITLE ☐ Delete ☐ Addition TITLE ROBINSON, JERRY NAME NAME Robinson, Jerry 801 FORTUNE STREET ADDRESS STREET ADDRESS 801 Fortune Auc, Panama Cuty, FL 32401 CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ROBINSON, DIAN NAME NAME 947 AGNES SCOTT CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete TITLE Teresa Robinson ☐ Change TITLE NAME 801 Fortune Ave, Panama City, FL 32401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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