

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573559

1. Entity Name

COMMERCIAL INSURANCE OF CENTRAL FLORIDA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90037 013 ***150.00

Principal Place of Business
 2310 A-Z PARK ROAD
 P O DRAWER 988
 LAKELAND FL 33802-0988

Mailing Address
 2310 A-Z PARK ROAD
 P O DRAWER 988
 LAKELAND FL 33802-0988

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1838330**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HODGES, RICKY T
 2310 A-Z PARK ROAD
 LAKELAND FL 33801

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BULL, WILLIAM B.	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALL, RUSSELL L	
STREET ADDRESS	2310 A-Z PARK RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARKE, THOMAS L JR	
STREET ADDRESS	2310 A-Z PARK RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricky T. Hodges	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Hanselman	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ricky T. Hodges
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky T. Hodges, President 4-25-00 863-665-6060
 Date Daytime Phone #

CR2E034 (9/99)