

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90127 007 ***150.00

DOCUMENT # 574740

1. Entity Name
SHANK-SMITH INSURANCE, INC.

Principal Place of Business
1335 S 8TH STREET
BOX 416
FERNANDINA BEACH FL 32034

Mailing Address
1335 S 8TH STREET
BOX 416
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1104 Osceola Street
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5744
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
 Zip
32204 Country
USA

City & State
Jacksonville, FL
 Zip
32247-5144 Country
USA

4. FEI Number **59-1820923**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GLENDA L
1335 S. 8TH FERN BEACH
FERNANDIANA BCH FL 32034

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2140 Newberry Road
 City **Jacksonville, FL** Zip Code **32218**

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 *Glenda L. Smith*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02
 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, GLENDA L	
STREET ADDRESS	1335 S 8TH FERN BCH	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHANK, WILLIAM H	
STREET ADDRESS	POB 5744 1104 OSCEOLA ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AARON, RAYNELL, D	
STREET ADDRESS	1335 S 8TH ST	
CITY-ST-ZIP	FERNANDINA BCH. 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1104 Osceola St.
CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1104 Osceola Street
CITY-ST-ZIP	Jacksonville, FL 32204
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: *Glenda L. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 Date

(904) 389-6320
 Daytime Phone #

CR2E034 (9/01)