

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90021 014 \*\*\*150.00

**DOCUMENT # 626826**

1. Entity Name

**MERRITT H. WILLIAMS INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

RT 1 BOX 867-E  
 STARKE FL 32091  
 US

RT 1 BOX 867-E  
 STARKE FL 32091-9628  
 US

2. Principal Place of Business

**STARKE, FLA.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 6005**

Suite, Apt. #, etc.

City & State

**STARKE, FLA.**

City & State

**STARKE, FLA.**

Zip

**32091**

Country

**BRADFORD**

Zip

**32091**

Country

**BRADFORD**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, MERRITT H.**

**RT 1, BOX 867-E P.O. Box 6005**

**STARKE FL 32091 6409 S.W. 150TH. ST.**

7. Name and Address of New Registered Agent

Name

**MERRITT H. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)

**P.O. Box 6005**

**6409 S.W. 150TH. ST.**

City

**STARKE**

**FL**

Zip Code

**32091**

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, 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 **PD**  
 NAME **WILLIAMS, MERRITT H.**  
 STREET ADDRESS **RT 1, BOX 867-E P.O. Box 6005**  
 CITY-ST-ZIP **STARKE FL 32091 6409 S.W. 150TH. ST.**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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TITLE ☐ Change ☐ Addition

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NAME  
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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

**Merritt H. Williams**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02 (904) 964-7788**  
 Date Time Phone #

CR2E034 (9/01)