

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 846177**

1. Entity Name

COLONIAL INSURANCE AGENCY, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90178 030 ***150.00

Principal Place of Business

**2000 INTERSTATE PARK STE 300
P. O. BOX 5675
MONTGOMERY AL 36103**

Mailing Address

**2000 INTERSTATE PARK STE 300
P. O. BOX 5675
MONTGOMERY AL 36103**

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

63-0788636

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DT	LOWDER, JAMES K	2000 INTERSTATE PK.	MONTGOMERY AL 36109	<input type="checkbox"/>	Chairman of the Board / Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC	MILES, PAUL W	2000 INTERSTATE PK. #300	MONTGOMERY AL 36109	<input checked="" type="checkbox"/>	Secretary	P. L. McHead, Jr.	2000 Interstate Park Dr.	Montgomery, AL 36109	<input type="checkbox"/>	<input type="checkbox"/>
DVPS	LOWDER, THOMAS H	2101 6TH AVE. N., #750	BIRMINGHAM AL 35203	<input type="checkbox"/>	Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	WILSON, JIM	2000 INTERSTATE PARK DRIVE	MONTGOMERY AL 36109	<input checked="" type="checkbox"/>	Vice President	Michael W. Toohay	2000 Interstate Park Dr.	Montgomery, AL 36109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	PITTS, JOHN L	2000 INTERSTATE PARK DRIVE	MONTGOMERY AL 36109	<input checked="" type="checkbox"/>	Assistant Secretary/Treasurer	Bryan K. Tucker	2000 Interstate Park Dr.	Montgomery, AL 36109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	FARRIOR, JAMES H	2000 INTERSTATE PARK DR	MONTGOMERY AL 36109	<input type="checkbox"/>	President + CEO				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

(334) 270-6638

CR2E034 (10/00)