

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91161 022 ***158.75

DOCUMENT # 8460177

1. Entity Name

COLONIAL INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 INTERSTATE PARK DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MONTGOMERY, AL

City & State

4. FEI Number

63-0788636

Applied For

Not Applicable

Zip

36109

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN/DIRECTOR LOWDER, JAMES K 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MCLEOD, JR. P. L 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LOWDER, THOMAS H. 2101 6TH AVE N. SUITE 750 BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT TOOHEY, MICHAEL W. 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST SECRETARY/TREASURER/CFO TUCKER, BRYAN K 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/CEO FARRIOR, JAMES H 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109

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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 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 #

4/30/02

(334) 270-6638