

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90393 002 ***150.00

DOCUMENT # F00093

1. Entity Name

BOB NUNN INSURANCE, INC.



Principal Place of Business

732 MARINA POINT DRIVE
DAYTONA BEACH FL 32114

Mailing Address

732 MARINA POINT DRIVE
DAYTONA BEACH FL 32114

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

59-2037529

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JOHNSTON, JOSEPH E., JR.
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 33512

7. Name and Address of New Registered Agent

Name

JOHNSTON, DARRYL W.

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

29 South Brooksville Ave

BROOKSVILLE

City

FL

Zip Code

34601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P
NUNN ROBINSON, JUDITH
732 MARINA POINT DR
DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete

V
COSPER, JACK
81 CYPRESS BLVD E
HOMOSASSA FL 34446

TITLE NAME ☐ Delete

S
COSPER, DEBORAH L
81 CYPRESS BLVD E
HOMOSASSA FL 34446

TITLE NAME ☐ Delete

T
ROBINSON, RICHARD E
732 MAINA POINT DR
DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
JUDITH ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 386-248-3006

Date

Daytime Phone #

CR2E034 (10/02)