

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90176 026 ***150.00

DOCUMENT # F01000004930

1. Entity Name
RANKIN INSURANCE, INC.

Principal Place of Business

620 WALNUT ST., N.E.
DECATUR AL 35601

Mailing Address

620 WALNUT ST., N.E.
DECATUR AL 35601

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

63-0520984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPROUSE, DONALD C

5150 TAMIAMI TRAIL, NORTH, SUITE #100

NAPLES FL 34103

7. Name and Address of New Registered Agent

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	DUKE, DAVID B	
STREET ADDRESS	620 WALNUT ST., NE	
CITY-ST-ZIP	DECATUR FL 35601	
TITLE	V	<input type="checkbox"/> Delete
NAME	PODLESNY, JOSEPH J	
STREET ADDRESS	620 WALNUT ST., NE	
CITY-ST-ZIP	DECATUR FL 35601	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	EARLEY, RON W	
STREET ADDRESS	620 WALNUT ST., NE	
CITY-ST-ZIP	DECATUR FL 35601	
TITLE	C	<input type="checkbox"/> Delete
NAME	NICHOL, VICTOR E JR.	
STREET ADDRESS	1927 1ST AVE., NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	VC	<input type="checkbox"/> Delete
NAME	DAVID, DAN	
STREET ADDRESS	251 JOHNSTON STREET, SE	
CITY-ST-ZIP	DECATUR AL 35601	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, SKIP	
STREET ADDRESS	251 JOHNSTON STREET, SE	
CITY-ST-ZIP	DECATUR AL 35601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard H. Pardue	
STREET ADDRESS	620 Walnut St., NE	
CITY-ST-ZIP	Decatur, AL 35601	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)