

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90122 018 ***150.00

DOCUMENT # F01000004930



1. Entity Name
ANB INSURANCE SERVICES, INC.

Principal Place of Business
**620 WALNUT ST., N.E.
DECATUR AL 35601**

Mailing Address
**PO BOX F
DECATUR AL 35602**



XX CHECK HERE IF MAKING CHANGES

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 **63-0520984**

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

**SPROUSE, DONALD C
5150 TAMiami TRAIL, NORTH, SUITE #100-
NAPLES FL 34103**

Name
Donald C. Sprouse

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

9190 Galleria Court

City
Naples

FL

Zip Code
34109

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: *Donald C. Sprouse*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-22-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **REICHARD, PARDUE**
STREET ADDRESS **620 WALNUT ST., NE**
CITY-ST-ZIP **DECATUR FL 35601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PODLESNY, JOSEPH J**
STREET ADDRESS **620 WALNUT ST., NE**
CITY-ST-ZIP **DECATUR FL 35601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVS** ☐ Delete
NAME **EARLEY, RON W**
STREET ADDRESS **620 WALNUT ST., NE**
CITY-ST-ZIP **DECATUR FL 35601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **NICHOL, VICTOR E JR.**
STREET ADDRESS **1927 1ST AVE., NORTH**
CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **DAVID, DAN**
STREET ADDRESS **251 JOHNSTON STREET, SE**
CITY-ST-ZIP **DECATUR AL 35601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMPSON, SKIP**
STREET ADDRESS **251 JOHNSTON STREET, SE**
CITY-ST-ZIP **DECATUR AL 35601**

TITLE ☐ Change ☐ Addition
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:

Richard H. Pardue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-03 (205) 421-2841

CR2E034 (10/02)