

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # F69376
 1. Entity Name
PAT PELHAM INSURANCE AGENCY, INC.

APPROVED AND FILED
 06-07-2000 90443 028 ***150.00

00 JUL 14 PM 12:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 CLIFF ST % PATRICK L PELHAM, JR
 P.O. BOX 656 P.O. BOX 656
 GRACEVILLE FL 32440 GRACEVILLE FL 32440-0656

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-2166087** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PELHAM, PATRICK L, JR
5425 CLIFF STREET
GRACEVILLE FL 32440

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PD PELHAM, PATRICK L, JR 5228 SMOKEY RD GRACEVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	STD PELHAM, CAROL J 5228 SMOKEY RD GRACEVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 850-263-4390
 Daytime Phone #

CR2E034 (9/99)



Pat Pelham Insurance Agency, Inc.
P.O. Box 656/5425 Cliff Street
Graceville, Fl. 32440
Office (850) 263-4390
Fax (850) 263-3241

Patrick L. Pelham, Jr.
Agent

PLP

June 27, 2000

Mrs. Michelle Milligan
Florida Dept. of State, Div. Of Corp.
P.O. Box 6327
Tallahassee, FL 32314

Dear Mrs. Milligan,

I am enclosing a copy of the letter I received from your Department.

I request that you waive the late fee of \$400, I mailed the form on 4/28/00 and the form should have reached Tallahassee on time.

Please let me know of your decision.

Sincerely,

Pat

Patrick L. Pelham, Jr.
PLP/tmb