

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90171 046 ***150.00

DOCUMENT # F93000001819

1. Entity Name
MARION INSURANCE AGENCY, INC.



Principal Place of Business
~~9240 BONITA BEACH RD~~
~~#2205~~
~~BONITA SPRINGS FL 34135~~

Mailing Address
~~9240 BONITA BEACH RD~~
~~#2205~~
~~BONITA SPRINGS FL 34135~~



2. Principal Place of Business

27299 RIVERVIEW CENTER BLVD

3. Mailing Address

27299 RIVERVIEW CENTER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

207

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **35-1778861**

Applied For

Not Applicable

Zip
34134

Country
LEE

Zip
34134

Country
LEE

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

6. Name and Address of Current Registered Agent

CULLEY, JAMES K.

~~9240 BONITA BEACH RD~~

~~STE 2205~~

~~BONITA SPRINGS FL 34135~~

7. Name and Address of New Registered Agent

Name

James C. Culley

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

27299 Riverview Center Blvd

207

City

Bonita Springs

FL

Zip Code

34134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PT CULLEY, JAMES K.	<input type="checkbox"/> Delete
STREET ADDRESS	9240 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE NAME	S CULLEY, TERESA A	<input type="checkbox"/> Delete
STREET ADDRESS	9240 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE NAME	VP CULLEY, JAMES C	<input type="checkbox"/> Delete
STREET ADDRESS	9240 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE NAME	S CULLEY, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS	9240 BONITA BEACH RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Change address to	
CITY-ST-ZIP	27299 Riverview Center blvd #207	
	Bonita Springs, FL 34134	
TITLE NAME	" "	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	" "	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	" "	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sandra Culley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-03 239-498-7111

CR2E034 (10/02)