2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G14541

FILED Mar 03, 2003 Secretary of State

Entity Name: PARLIN INSURANCE AGENCY OF NAPLES, INC.

current Principal Place of Business:			New Principal Place of Business:	
100 TAMI. JITE 401	AMI TRAIL I	NO		
	FL 34103	US		
urrent Mailing Address:			New Mailing Address:	
	DEE PARL	IN		
O BOX 9 APLES, F	9289 FL 33941	US		
l Number:	59-2237813	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
00 TAMI.	IANNA DEE AMI TRL			
	FL 34103			
APLES, F e above		ry submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
APLES, F e above the State	named entite of Florida.	y submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
e above	named entite of Florida. RE:	y submits this statement for the property sources of Registered Ag		d office or registered agent, or both, Date
APLES, F e above the State GNATUF	named entite of Florida. RE:Electr			
APLES, For a part of the State GNATUF	named entite of Florida. RE:Electr	onic Signature of Registered Ag	ent	
PLES, F e above the State GNATUF ction Can	named entite of Florida. RE: Electronpaign Finance S AND DIRE	onic Signature of Registered Ageing Trust Fund Contribution (). CTORS: () Delete GER M, DURT	ent	Date
PLES, Fe above he State SNATUF ction Can FICERS :: ne: ress:	named entite of Florida. RE: Electron	conic Signature of Registered Ageing Trust Fund Contribution (). ECTORS: () Delete GER M, DURT () Delete NNA DEE, DURT	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNA DEE PARLIN	DP	03/03/2003
SIGNATURE: DIANNA DEE PARLIN	DP	03/03/2003