

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90069 009 ***150.00

DOCUMENT # G47401

1. Entity Name
BOWDITCH INSURANCE CORPORATION

Principal Place of Business

101 CENTURY 21 DRIVE
200
JACKSONVILLE FL 32216
US

Mailing Address

PO BOX 16409
JACKSONVILLE FL 32245
US

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 **59-2305660**

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

BOWDITCH, RAYNOR E
101 CENTURY 21 DRIVE
SUITE 200
JACKSONVILLE FL 32216

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]*

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BOWDITCH, RAYNOR E**
STREET ADDRESS **1145 CAMPBELL AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **VS** ☐ Delete
NAME **SIMPSON, JUANITA W.**
STREET ADDRESS **1145 CAMPBELL AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VS** ☒ Change ☐ Addition
NAME **Bowditch, Juanita W.**
STREET ADDRESS **1145 Campbell Ave.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **V** ☐ Delete
NAME **PEDOULAS, JAMES**
STREET ADDRESS **2945 FOREST OAKS DRIVE**
CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE **V** ☐ Delete
NAME **BLACK, JAMES A.**
STREET ADDRESS **6758 MADRID AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **VP** ☐ Delete
NAME **PRICE, JAMES S.**
STREET ADDRESS **323 SCENIC POINT LANE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Price, James S.**
STREET ADDRESS **1487 Belvedere Ave.**
CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **VP** ☐ Delete
NAME **LEE, CLARA M**
STREET ADDRESS **12441 RUNNING RIVER RD. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Juanita W. Bowditch** **Date** **2/19/02** **Daytime Phone #** **904-855-0744** **K214**

CR2E034 (9/01)