2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72259

1. Entity Name
MOODY AGENCY, INC.

FILED
02 NOV 18 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% WILLIAM ZANE. 1680-D S TAMIAMI TR P.O. BOX 598 VENICE FL 34284-0598	% WILLIAM ZANE. 1680-D S TAMIAMI TR P.O. BOX 598 VENICE FL 34284-0598

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 59-2358028 — 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
ZANE, VIRGINIA M. 1680 D.S. TAMIAMI TR. P.O.BOX 598 VENICE FL 34284-7598	Name: George A. Reese III 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] George A. Reese III 10-7-02
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 $550.00
After September 13, 2002 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: ZANE, WILLIAM R STREET ADDRESS: 1680-D.S.TAMIAMI TR. CITY-ST-ZIP: VENICE FL 34293	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: 400008620664 10/28/02--01068--006 **750.00	☐ Change ☐ Addition
TITLE: VTD NAME: ZANE, VIRGINIA R STREET ADDRESS: 1680-D.S.TAMIAMI TR. CITY-ST-ZIP: VENICE FL 34293	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD NAME: REESE, GEORGE A III STREET ADDRESS: 1680-D S. TAMIAMI TR. CITY-ST-ZIP: VENICE FL 34293	☐ Delete	TITLE: EXECUTIVE-VICE-PRESIDENT NAME STREET ADDRESS: 421 Pepperbree Road Wk 1680 D.South Tamiami Trail CITY-ST-ZIP: Venice, Florida 34293 Venice, FL 34293	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: JAMES LUCK STREET ADDRESS: Cadiz Road Wk 1680 D.S. Tamiami Tr CITY-ST-ZIP: Venice, Florida 34285 Venice, FL 34293	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT NAME: NANCY REESE STREET ADDRESS: 421 Pepperbree Rd Wk 1680 D.S. Tamiami Trail CITY-ST-ZIP: Venice, FL 34293 Venice, FL 34293	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED George A. Reese III 10-7-02 941 493 1583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #