

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86867

1. Entity Name

RUPERT SMITH INSURANCE AGENCY, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90008 043 ***150.00

Principal Place of Business

19 S. DESOTO AVENUE
ARCADIA FL 34266
US

Mailing Address

19 S. DESOTO AVENUE
ARCADIA FL 34266
US

2. Principal Place of Business

10 E. Oak Street

3. Mailing Address

P. O. Box 150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, FL

City & State

Arcadia, FL

Zip

34266

Country

DeSoto

Zip

34265

Country

DeSoto

4. FEI Number

59-2684292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 350
ARCADIA FL 34265

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

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, 2001 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
STD
DONALDSON, COLLEEN S.
2635 SW HILLSBOROUGH AVE
ARCADIA FL 34266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRAZIER, TERRI S.
4480 NE HWY 70
ARCADIA FL 34266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Colleen S. Donaldson

Colleen S. Donaldson

04/23/2001

863-494-1613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

05-6634