2002 Uniform Business Report (UBR)

1. Entity Nam	MENT # J55815 S INSURANCE AGENCY, INC.				Secretary 04-16-2002 90101		
Principal Place of Business 504 SO FAIRFIELD DR STE A1 PENSACOLA FL 32506 US 2. Principal Place of Business		Mailing Address 504 SO FAIRFIELD DR STE A1 PENSACOLA FL 32506 US 3. Mailing Address					
Suite, Apt.		P.o · Box 3230 Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE		
City & Stat	e	Pensacola	FI	4. F	59-2794695	<u> </u>	plied For t Applicable
Zip	Country	32516	Country _ ム 5 月	5. (Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent			
			Name				
COGGINS, JAMES A. 504 S. FAIRFIELD DR., SUITE A1			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32506							
			City			FL Zip Code	•
SIGNATURE.	named entity submits this statement for the stat	title if applicable. (NOTE:	Registered Agent signature requ	ired when re		S5.00	
-	requirement and elects to do so.	Make Check Payable	2 Fee will be \$550.00 e to Department of S	State	Trust Fund Contribution.	Added	to Fees
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COGGINS, JAMES A. 504 S FAIRFIELD DR A-2 PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COGGINS, SONJA I. 504 S FAIRFIELD DR A-2 PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ Delete	TITLE			☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP