

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90073 034 ***150.00

DOCUMENT # J86088

1. Entity Name
SERVICE FIRST INSURANCE, INC.

Principal Place of Business
101 FEDERAL PLACE
STE 101
TARPON SPRINGS FL 34689

Mailing Address
P.O. BOX 1489
TARPON SPRINGS FL 34688

2. Principal Place of Business
335 CROSSWINDS DR.
 Suite, Apt. #, etc.

3. Mailing Address
335 CROSSWINDS PR.
 Suite, Apt. #, etc.

City & State
PALM HARBOR, FL
 Zip
34683
 Country
US

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 Zip
34683
 Country
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4. FEI Number
59-2836904

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REID, GARY R.
335 CROSSWINDS DRIVE
PALM HARBOR FL 34683

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, 2002 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 **D** ☐ Delete
 NAME **REID, PEGGY L.**
 STREET ADDRESS **335 CROSSWINDS DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DPST** ☐ Delete
 NAME **REID, GARY R.**
 STREET ADDRESS **335 CROSSWINDS DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

GARY R. REID
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02 727 943 9748
 Date Daytime Phone #

CR2E034 (9/01)