## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # J89319** 1. Entity Name COX'S INSURANCE AGENCY, INC. 01-20-2000 90097 045 \*\*\*150.00 Principal Place of Business Mailing Address % JOEL M. COX. SR. % JOEL M. COX. SR. 606 BALD EAGLE DR. #301 606 BALD EAGLE DR. #301 <del>30937-</del>34145-2731 23937 34145 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0014709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COX. JOEL M., SR. Street Address (P.O. Box Number is Not Acceptable) 606 BALD EAGLE SUITE 301 MARCO ISLAND FL-33937 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Delete TITLE Change ☐ Addition TITLE. COX. JOAN C. NAME NAME 606 BALD EAGLE DR #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE COX, JOEL M., SR. NAME NAME STREET ADDRESS STREET ADDRESS 606 BALD EAGLE DR #301 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL Addition DSEC Change Delete TITLE TITLE COX, JOEL M., JR. NAME NAME STREET ADDRESS STREET ADDRESS 606 BALD EAGLE DR #301 CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL ☐ Change Addition Delete TITLE FORSYTHE, JENNIFER C. NAME NAME STREET ADDRESS STREET ADDRESS 606 BALD EAGLE DR #301 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL Change ☐ Addition ☐ Delete TITLE TITLE FORSYTHE, ROBERT W NAME NAME 606 BALD EAGLE DRIVE, 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO IS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F COX, COLLEEN W NAME NAME 606 BALD EAGLE DRIVE, 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARCO ISLAND FL

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 AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

941-642-5100

Daytime Phone #