

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90167 024 ***150.00

DOCUMENT # J99966

1. Entity Name
MONTEAGLE INSURANCE SERVICES, INC.



Principal Place of Business
~~1802 BROADWAY~~ **3501 Del Prado Blvd.**
~~STE # 303~~
~~FT MYERS FL 33901~~ **Cape Coral, FL**
US 33904

Mailing Address
1802 BROADWAY
FORT MYERS FL 33901
US

22001576



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3501 Del Prado Blvd
Suite, Apt. #, etc.
Suite 303

3. Mailing Address
1802 Broadway
Suite, Apt. #, etc.

City & State
Cape Coral FL
Zip
33904 Country
US

City & State
Fort Myers, FL
Zip
33901 Country
US

4. FEI Number **65-0210467**

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

MCKINLAY, RICHARD S.
6410 GRIFFIN BLVD.
FORT MYERS FL 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCKINLAY, RICHARD S. 6410 GRIFFIN BLVD. FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(889) 332-0110x777**
Date Daytime Phone #

CR2E034 (10/02)