

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K74612****1. Entity Name**
MFD INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**9650 ATLANTIC BLVD
JACKSONVILLE FL 32225****9650 ATLANTIC BLVD
JACKSONVILLE FL 32225****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2951084

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****NICHOLS, ROBERT C.
1234 LIVE OAK DRIVE
JACKSONVILLE FL 32246**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****D** ☐ Delete
DAVIDSON, MICHAEL F.
9650 ATLANTIC BLVD.
JACKSONVILLE FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S** ☐ Delete
NICHOLS, ROBERT C
9650 ATLANTIC BLVD
JACKSONVILLE FL 32223☐ 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
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CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**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:

ROBERT C. NICHOLS

Date

4-30-01

Daytime Phone #

9047253060**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90025 034 ***150.00

0019153



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)