## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI

## K74612

Entity Name رُأَتُهُ

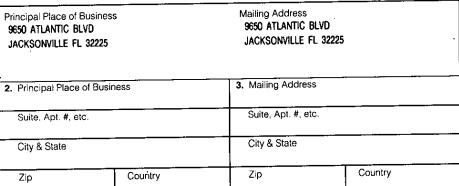


**Secretary of State** 03-25-2003 90072 016 \*\*\*158.75

FILED

Mar 25, 2003 8:00 am

**DOCUMENT #** MFD INSURANCE AGENCY, INC.





☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2951084 Not Applicable \$8.75 Additional  $\mathbf{x}$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NICHOLS, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 1234 LIVE OAK DRIVE JACKSONVILLE FL 32246

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

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

SIGNATURE

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5,00 May Be Added to Fees

Zip Code

DATE

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Change TITLE Delete P/D TITLE Davidson, Field A. 9650 Atlantic Blvd NAME DAVIDSON, MICHAEL F. NAME 9650 ATLANTIC BLVD. STREET ADDRESS STREET ADDRESS Jacksonville, Fl. 32225 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Addition X Change S/D TITLE ☐ Delete TITLE NAME NICHOLS, ROBERT C NAME STREET ADDRESS 9650 ATLANTIC BLVD STREET ADDRESS 32225 CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 faccurate 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 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 attachn

SIGNATURE:

CITY-ST-ZIP