2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90262 030 ***150.00

DOCUMENT # K76120

1. Entity Name

SANDY WASSON & ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
11309 STARKEY RD % SANDRA WASSON P.O. BOX 10437 LARGO FL 34643-7437	11309 STARKEY RD % SANDRA WASSON P.O. BOX 10437 LARGO FL 33773-4735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11309 Starkey Rd Suite, Apt. #, etc.	P O Box 10437 Suite, Apt. #, etc.
City & State: LARGO, FL	City & State: LARGO, FL
Zip: 33773 Country: Pinellas	Zip: 33773-0437 Country: Pinellas

4. FEI Number 59-2939267 ☐ 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
WASSON, SANDRA 8381 56TH WAY NORTH PINELLAS PARK FL 33781	Name: Charles L WASSON III Street Address (P.O. Box Number is Not Acceptable): 10053 85 Street NO City: LARGO FL Zip Code: 33777

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 _____ 1-5-2000
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, 2000 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT WASSON, SANDRA 8381 56TH WAY NORTH PINELLAS PARK FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDS WASSON, CHARLES 8381 56TH WAY NORTH PINELLAS PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WASSON, CHARLES III 10053 85TH ST NO LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1-5-2000 727-392-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles L WASSON III PRESIDENT Date Daytime Phone #