

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

11309 STARKEY RD
 % SANDRA WASSON P.O. BOX 10437
 LARGO FL 34643-7437

Mailing Address

11309 STARKEY RD
 % SANDRA WASSON P.O. BOX 10437
 LARGO FL 33773-4735

2. Principal Place of Business

11309 Starkey Rd
 Suite, Apt. #, etc.

3. Mailing Address

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

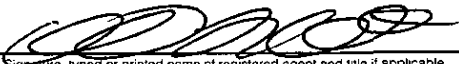
6. Name and Address of Current Registered Agent

WASSON, SANDRA
8381 56TH WAY NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-2000

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

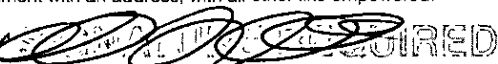
TITLE	PDT	☐ Delete
NAME	WASSON, SANDRA	
STREET ADDRESS	8381 56TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33761	
TITLE	VPDS	☐ Delete
NAME	WASSON, CHARLES	
STREET ADDRESS	8381 56TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VP	☐ Delete
NAME	WASSON, CHARLES III	
STREET ADDRESS	10053 85TH ST NO	
CITY-ST-ZIP	LARGO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D/T	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES L. WASSON III PRESIDENT

1-5-2000 727-392-4400

Date

Daytime Phone #

014 (0/0/0)