

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90001 003 ***150.00

DOCUMENT # K76120

1. Entity Name

SANDY WASSON & ASSOCIATES INSURANCE, INC.

Principal Place of Business

Mailing Address

**11309 STARKEY RD
LARGO FL 33773****P O BOX 10437
LARGO FL 33773-0437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2939267

Applied For

Not Applicable

Zip

Country

Zip

Country

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, CHARLES L**10053 -85TH ST N.****LARGO FL 33777**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CDT						
	WASSON, SANDRA						
	8381 56TH WAY NORTH						
	PINELLAS PARK FL 33761						
	VPDS						
	WASSON, CHARLES						
	8381 56TH WAY NORTH						
	PINELLAS PARK FL						
	P						
	WASSON, CHARLES III						
	10053 85TH ST NO						
	LARGO FL						

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

2-26-02

(727) 592-4400

Date

Day/time Phone #

CR2E034 (9/01)