

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **K94016**

1. Entity Name

Wittner Insurance Network, Inc.

FILED

02 NOV -6 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5999 Central Avenue

Suite, Apt. #, etc.
4th Floor

City & State
St. Petersburg, FL

Zip
33710

Country
USA

3. Mailing Address
2 Metroplex Drive

Suite, Apt. #, etc.
Suite 220

City & State
Birmingham, AL

Zip
35209

Country
USA

REINSTATEMENT

02

DO NOT WRITE IN THIS SPACE

78

4. FEI Number
59-2950669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)-
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

11/6/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

SEE ATTACHED

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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400008604094
10/28/02--01026--001 **750.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

W. Todd Carlisle

W. Todd Carlisle, VP/Secy

10-22-02 205.263.4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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WITTNER INSURANCE NETWORK, INC.
FEI # 592950669

President / Director
Theodore P. Wittner
5999 Central Avenue
Fourth Floor
St. Petersburg, FL 33710

Vice President / Director
J. Forrest Collier
2 Metroplex Drive
Suite 220
Birmingham, AL 35209

Vice President and Treasurer / Director
Keith D. Duke
2 Metroplex Drive
Suite 220
Birmingham, AL 35209

Vice President and Secretary / Director
W. Todd Carlisle
2 Metroplex Drive
Suite 220
Birmingham, AL 35209

Assistant Secretary
Peter E. Barber
2 Metroplex Drive
Suite 220
Birmingham, AL 35209

Assistant Treasurer
James R. Shirley
2 Metroplex Drive
Suite 220
Birmingham, AL 35209