

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000002126**

1. Entity Name

**SELF INSURED MANAGEMENT COMPANY OF FLORIDA, LLC**

Principal Place of Business

**1923 16TH STREET NORTH  
SAINT PETERSBURG FL 33704**

Mailing Address

**1923 16TH STREET NORTH  
SAINT PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KICKLITER, GENE M  
1923 16TH STREET NORTH  
SAINT PETERSBURG FL 33704**

4. FEL Number

**59-3697757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR FLOWERS, DEBRA JO 1923 16TH STREET NORTH SAINT PETERSBURG FL 33704</b>	<input type="checkbox"/>		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *Gene M. Kickliter* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9/19/02**

Date

Daytime Phone #

**FILED****02 OCT 14 AM 10:42****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2083 (4/02)