

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 012 ***150.00

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DOCUMENT # L18295

1. Entity Name
TRANS-FLORIDA INSURANCE AGENCY, INC.



Principal Place of Business
**7821 DEERCREEK CLUB DR.
SUITE 101
JACKSONVILLE FL 32256**

Mailing Address
**7821 DEERCREEK CLUB DR.
SUITE 101
JACKSONVILLE FL 32256**

2. Principal Place of Business
7821 Deercreek Club Road
Suite, Apt. #, etc.

3. Mailing Address
7821 Deercreek Club Road
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3025211**

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

**LANDSCHOOT, CARLOTTA
7821 DEERCREEK CLUB DR.
SUITE 101
JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)
7821 Deercreek Club Road

City

FL

Zip Code

12. 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

Carlotta Landschoot

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LANDSCHOOT, CARLOTTA W**
STREET ADDRESS **12760 EDENBRIDGE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **WATSON HARRIS, MELANIE**
STREET ADDRESS **12752 EDENBRIDGE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **STD** ☒ Change ☐ Addition
NAME **Harris, Melanie Watson**
STREET ADDRESS **2807 Evercharm Place**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **VPD** ☐ Delete
NAME **WATSON, III, WILLIAM A**
STREET ADDRESS **2807 EVERCHAEM PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Watson, III, William A.**
STREET ADDRESS **12785 Camellia Bay Dr. W.**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **ST** ☐ Delete
NAME **WATSON, JANELLE W**
STREET ADDRESS **2807 EVERCHARM PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WATSON, JR., WILLIAM A**
STREET ADDRESS **2807 EVERCHARM PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

904 596-5961

Date

Daytime Phone #

CR2E034 (10/02)