

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90055 007 ***150.00

DOCUMENT # L38995

1. Entity Name
**SOUTHERN STATE LIFE & HEALTH INSURANCE AGENCY, I
NC.**



Principal Place of Business
**923 DEL PUADO BLVD
SUITE 205
CAPE CORAL FL 33990
US**

Mailing Address
**923 DEL PUADO BLVD
SUITE 205
CAPE CORAL FL 33990
US**

20018094



2. Principal Place of Business
**1223 SE. 47th Street
Suite, Apt. #, etc.
#111**

3. Mailing Address
**231 S.W. 31st Street
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
**Cape Coral, FLA.
Zip 33904 Country USA**

City & State
**Cape Coral, FLA.
Zip 33914 Country USA**

4. FEI Number **65-0165982** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAFFORD, TOMMIE L
923 DEL PUADO BLVD
#205
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**231 S.W. 31st Street
City Cape Coral FL Zip Code 33914**

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]**
(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

TITLE **D** ☐ Delete
NAME **GAFFORD, TOMMIE L**
STREET ADDRESS **231 SW 31ST STREET**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete
NAME **GAFFORD, NORMA J.**
STREET ADDRESS **231 SW 31ST ST.**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/22/03**

Daytime Phone #

CR2E034 (10/02)