

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90008 047 \*\*\*\*50.00

0039119

**DOCUMENT # L96000000795**

1. Entity Name

**POLK INSURANCE COMPANY, L.C.**

Principal Place of Business

**1500 6TH STREET N.W.  
WINTER HAVEN FL 33881**

Mailing Address

**1500 6TH STREET N.W.  
WINTER HAVEN FL 33881**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3393452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, JAMES L  
1500 6TH STREET N.W.  
WINTER HAVEN FL 33881**

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete  
NAME **BULLARD AGENCY, INC.**  
STREET ADDRESS **221 EAST STUART AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **MEM** ☐ Delete  
NAME **GREEN'S INSURANCE SERVICE, INC.**  
STREET ADDRESS **1500 6TH STREET N.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **MEM** ☐ Delete  
NAME **HATTON INSURANCE AGENCY, INC.**  
STREET ADDRESS **322 EAST MAIN STREET**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **MEM** ☐ Delete  
NAME **CHAD GREEN INSURANCE, INC.**  
STREET ADDRESS **1617 EAST GARY ROAD**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **MEM** ☐ Delete  
NAME **MITCHELL INSURANCE AGENCY, INC.**  
STREET ADDRESS **105 N. BROADWAY**  
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **MEM** ☐ Delete  
NAME **DESOTO INSURANCE AGENCY, INC.**  
STREET ADDRESS **P.O. BOX 880**  
CITY-ST-ZIP **ARCADIA FL 34265-0880**

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**3-1-02 (863) 294-4241**

CR2E083 (9/01)