

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90050 005 ****50.00

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DOCUMENT # L97000000745

1. Entity Name

TARGET INSURANCE GROUP, L.C.



Principal Place of Business

**2841 EXECUTIVE DR. SUITE 110
CLEARWATER FL 33762**

Mailing Address

**2841 EXECUTIVE DR. SUITE 110
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

3350 ULMERTON RD.

3350 ULMERTON RD.

Suite, Apt. #, etc.

Suite 14

Suite, Apt. #, etc.

Suite 14

City & State

CLEARWATER FL.

City & State

CLEARWATER, FL.

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-3456838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COHRS, DENIS A
2575 ULMERTON RD
STE 210
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **COHRS, DENIS A.**

Street Address (P.O. Box Number is Not Acceptable)
**2575 ULMERTON RD.
STE. 210**

City **CLEARWATER FL** Zip Code **33762**

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 **Dennis A. Cohrs Registered Agent**

8/26/03

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JAGGERS, JACK J**
STREET ADDRESS **2841 EXECUTIVE DR, SUITE 110**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☒ Change ☐ Addition
NAME **JACK J. JAGGERS**
STREET ADDRESS **3350 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER, FL. 33762**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jack J. Jagers, Manager

8/26/03 727.556-0766 x-24

CR2E083 (4/03)