

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90011 035 ***150.00

DOCUMENT # M92517

1. Entity Name
WILSON & DAUGHTER INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

1120 NW 49 ST
 POMPANO BEACH FL 33064
 US

807 MOONSHADOW LANE
 CRUMPLER NC 28617
 US

2. Principal Place of Business

3. Mailing Address

3841 NE 14th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 POMPANO BEACH, FL

City & State

4. FEI Number **65-0065577**

Applied For

Not Applicable

Zip
 33064

Country
 BROWARD

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

EMA, CHRISTOPHER J
 MACLEAN & EMA
 2600 NE 14 STREET
 POMPANO BEACH FL 33062

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 HERBERT, JULIA WALDO
 1120 NW 49 STREET
 POMPANO BEACH FL 33064 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3841 NE 14th AVENUE
 POMPANO BEACH, FL 33064 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julia W. Herbert Julia W. Herbert, Pres. 3-01-01 336-982-4285
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)