

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

142 0070666

DOCUMENT # M98000001165		
1. Entity Name PROVIDENT INSURANCE AGENCY, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 PM 3: 53



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 1 FOUNTAIN SQUARE CHATTANOOGA TN 37402	Mailing Address 1 FOUNTAIN SQUARE CHATTANOOGA TN 37402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1757755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, RICHARD A 1 FOUNTAIN SQUARE CHATTANOOGA TN 37402 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i> ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600020512606 06/04/03--01025--003 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>Richard A. Wolf</i>	Date: 5/20/03	Daytime Phone #: (423)755-7802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083 (10/02)

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Provident Insurance Agency, LLC

BOARD OF MEMBERS/MANAGERS

Richard A. Wolf
Manager/Primary Member/President
1 Fountain Square
Chattanooga, TN 37402

Henry T. Hardin, III
Vice President and Secretary
1 Fountain Square
Chattanooga, TN 37402