## 2001 UNIFORM BUSINESS REPORT (UBR)

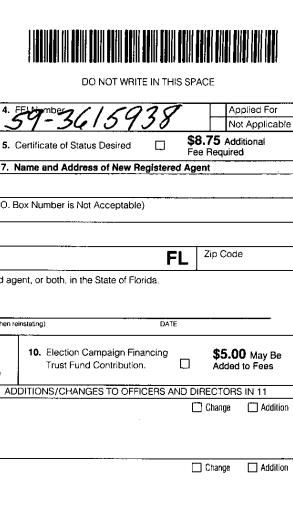
## DOCUMENT # P0000000558

## FLORIDA INSURANCE CONSULTANTS OF MONTICELLO, INC

Principal Place of Business 510 N SUNSET DRIVE MONTICELLO FL 32344	Mailing Address 510 N SUNSET DRIVE MONTICELLO FL 32344				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

## FILED Jan 25, 2001 8:00 am Secretary of State

01-25-2001 90119 002 \*\*\*150.00



City & State		City & State		4. 8	Edmber 2/1/93	8		plied For	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		.75 Add		
	6. Name and Address of Curren	t Registered Agent		7. 1	Name and Address of New Regis			<i>.</i>	
FOLSOM, THOMAS L JR 510 N SUNSET DRIVE MONTICELLO FL 32344			Name						
			C						
			Street Ad						
			City				Zip Code		
			City			FL	Zip Code	;	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or i	registered ag	ent, or both, in the State of Florida	i.			
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Agent signatur	e required when re	sinstating)	DATE		<del></del> ;	
9 This corne	pration is aligible to eatiefy its Intangible	EII E NOW!	!! FEE IS \$150.0	n	<del></del>				
			01 Fee will be \$5		10. Election Campaign Financi		\$5.0	May Be	
(See criter	ria on back)	Make Check Payab	le to Department	of State	Trust Fund Contribution.	IJ	Added	to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	RS AND DIF	RECTORS	IN 11	
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	FOLSOM, THOMAS L JR		NAME		•			ì	
STREET ADDRESS CITY-ST-ZIP	510 N SUNSET DRIVE		STREET ADDRESS						
<del></del>	MONTICELLO FL 32344	<del></del>	CITY-ST-ZIP						
TITLE NAME	FOLSOM, JEAN K	☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	510 N SUNSET DRIVE		NAME STREET ADDRESS						
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP					}	
TITLE	D	☐ Delete	TITLE				Change	☐ Addition	
NAME	FOLSOM, THOMAS L III		NAME		- · · ·		Sildings		
STREET ADDRESS	2943 GLEN IVES DRIVE		STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	$\mathcal{Q}$	-1-11. 111		Strange	☐ Addition	
NAME	SMITH, TANARA F		NAME	5 Mi	THE TAM ARA COPPERALD C ALASSER FL	.50			
STREET ADDRESS CITY-ST-ZIP	1512 COPPERFIELD CIR		STREET ADDRESS CITY-ST-ZIP	15/2	COPPERFIELD C	700	12		
	TALLAHASSEE FL 32312			TALL	MAMSSER, FL.				
TITLE NAME		☐ Delete	TITLE			Ц	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	<del></del>	☐ Delete	TITLE		· • · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME		-	NAME			_	•		
STREET ADDRESS	•		STREET ADDRESS						
CITY-ST-ZIP		****	CITY-ST-ZIP						
13. Thereby o	ertify that the information cooling with	h this filing does not qualify for	the exemption state	d in Section 1	19 07(3)(i) Florida Statutes I furti	her certify th	hat the int	formation	

indicated on this report or supporting of the corporation or the receiver or changed, or on an attachmen with of that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if atee empowered to address, with all oth

SIGNATURE: