

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90025 026 ***150.00

0008651

DOCUMENT # P00000005887

1. Entity Name

TODD O. PHILLIPS INSURANCE CONSULTING, INC.

Principal Place of Business

**18 IROQUIOS TRAIL
 ORMOND BEACH FL 32174**

Mailing Address

**18 IROQUIOS TRAIL
 ORMOND BEACH FL 32174**

2. Principal Place of Business

123 N. ORCHARD STREET

3. Mailing Address

POST OFFICE BOX 11181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6-J

City & State

ORMOND BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32174

Country

USA

Zip

32120-1181

Country

USA

6. Name and Address of Current Registered Agent

**CROTTY, KATHLEEN L
 125 NORTH RIDGEWOOD AVENUE
 SUITE 200
 DAYTONA BEACH FL 32114**

4. FEI Number

59-3627246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

KATHLEEN L. CROTTY

Street Address (P.O. Box Number is Not Acceptable)

1800 W. INTERNATIONAL SPEEDWAY BLVD.

BUILDING 2, Suite 201

City

DAYTONA BEACH, FL 32114

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]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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

TITLE **PRESIDENT** ☐ Delete
 NAME **TODD O. PHILLIPS**
 STREET ADDRESS **123 N. ORCHARD STREET, SUITE 6-J**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **Director** ☐ Delete
 NAME **Jeffrey Copper**
 STREET ADDRESS **3112 Lawn Avenue**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **Director**
 NAME **Jeffrey Copper**
 STREET ADDRESS **3112 Lawn Avenue**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 NAME **David Kendall**
 STREET ADDRESS **887 Bayridge Lane**
 CITY-ST-ZIP **Port Orange, FL 32127**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2001

Date

904-248-2977

Daytime Phone #

CR2E034 (10/00)