

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036617

1. Entity Name

JIMMIE GILES INSURANCE CORPORATION

Principal Place of Business

5383 EHRLICH RD., STE. 102
TAMPA FL 33625

Mailing Address

5383 EHRLICH RD., STE. 102
TAMPA FL 33625

2. Principal Place of Business

2007 Swann Ave.

3. Mailing Address

2007 Swann Ave.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33606

Country

U.S.A.

Zip

33606

Country

U.S.A.

4. FEI Number

59-3641570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILES, JIMMIE V

5383 EHRLICH RD., STE. 102
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

Giles, Jimmie V.

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

2007 Swann Ave.

Suite 2

City

Tampa, Florida

FL

Zip Code

33606

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)

9/5/01

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 ☐ Delete
NAME D
STREET ADDRESS GILES, JIMMIE V
CITY-ST-ZIP 5383 EHRLICH RD., STE. 102
TAMPA FL 33625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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 President
STREET ADDRESS Giles, Jimmie V.
CITY-ST-ZIP 2007 Swann Ave., Suite 2
Tampa, Florida 33606

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

TITLE ☐ Change ☐ Addition
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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

9/5/01

Date

(813) 908-3585

Daytime Phone #

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90156 008 ***550.00

00063343



DO NOT WRITE IN THIS SPACE

CR3E034 (10/00)