

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000104084

FILED  
Feb 01, 2002 8:00 AM  
Secretary of State

Entity Name: FMB INSURANCE SERVICES, INC.

## Current Principal Place of Business:

108 E WASHINGTON ST  
MONTICELLO, FL 32344

## New Principal Place of Business:

## Current Mailing Address:

108 E WASHINGTON ST  
MONTICELLO, FL 32344

## New Mailing Address:

FEI Number: 59-3677075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE E  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

WRIGHT, L. GARY  
108 E. WASHINGTON STREET  
MONTICELLO, FL 32344 US

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: L. GARY WRIGHT

02/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARRAWAY, F. WILSON III  
Address: 1313 E JACKSON ST  
City-St-Zip: THOMASVILLE, GA

Title: DV ( ) Delete  
Name: CARRAWAY, F. WILSON III  
Address: 200 E WASHINGTON ST  
City-St-Zip: MONTICELLO, FL

Title: DP ( ) Delete  
Name: WRIGHT, L. GARY  
Address: 200 E WASHINGTON ST  
City-St-Zip: MONTICELLO, FL

Title: DST ( ) Delete  
Name: SIMS, R. MICHAEL  
Address: 200 E WASHINGTON ST  
City-St-Zip: MONTICELLO, FL

Title: DV ( ) Delete  
Name: ROGERS, SAMUEL B SR  
Address: 1117 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHAEL SIMS

ST

02/01/2002

Electronic Signature of Signing Officer or Director

Date