

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000108697

FILED  
May 26, 2002 8:00 AM  
Secretary of State

Entity Name: COVENANT INSURANCE AGENCY, INC.

## Current Principal Place of Business:

C/O PAUL SANFORD  
106 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

## Current Mailing Address:

C/O PAUL SANFORD  
106 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

C/O ROBERT L. RICKER  
1106-I THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

## New Mailing Address:

C/O ROBERT L. RICKER  
1750 MARSTON PLACE  
TALLAHASSEE, FL 32308 US

FEI Number: 59-3702095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANFORD, PAUL  
106 SOUTH MONROE ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

RICKER, ROBERT L  
1750 MARSTON PLACE  
TALLAHASSEE, FL 32308 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: ROBERT L. RICKER

05/26/2002

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: RICKER, ROBERT L  
Address: 1750 MARSTON PLACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Delete  
Name: SANDERS, WILLIAM T  
Address: 1120 ROUNDS POINTE DR. WEST  
City-St-Zip: TALLAHASSEE, FL 32318

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT L. RICKER

D

05/26/2002

Electronic Signature of Signing Officer or Director

Date