

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90028 050 ***150.00

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DOCUMENT # P01000012611

1. Entity Name

SPICER INSURANCE AGENCY, INC.

Principal Place of Business

**6654 CAROLINE STREET
MILTON FL 32570**

Mailing Address

**6654 CAROLINE STREET
MILTON FL 32570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3692553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BASS & SANDFORT ACCOUNTANTS, INC.
127 EAST ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

**Bass and Sandfort Accountants
711-A West Garden Street
Pensacola FL 32501**

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)

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, 2002 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 **PSTD** ☐ Delete
NAME **SPICER, ERNEST**
STREET ADDRESS **6654 CAROLINE STREET**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** ☐ Delete
NAME **SPICER, DARREN**
STREET ADDRESS **6654 CAROLINE STREET**
CITY-ST-ZIP **MILTON FL 32570**

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
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2002 **8506232011**
Date Daytime Phone #

CR2E034 (9/01)