2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000110597

1. Entity Name



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90133 025 ***158.75

C&N INSURANCE AGENCY, INC.									05 01 2005	J0133 0.	25 15	<i>3.13</i>
Principal Place 7201 N.W. 111 GAINESVILLE	TH PLACE	Mailing Address 7201 N.W. 11TH PLACE GAINESVILLE FL 32605				*	- I 1884/1804 AN 1844AY ANAN 1844A BA	() #12# 1 () 10 ()	1811 1818 1 81111	: 1270 1001 4 0 01		
2. Principal P	lace of Busine	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 60-0000990				pplied For ot Applicable
Zip		Country	Zip		Coun	itry		5. Co	ertificate of Status Desired		\$8.75 Ad Fee Require	
	6. Name a	and Address of Current	Registere	ed Agent		l		7. Na	ame and Address of New R	egistered A	gent	
PALMQUIST, JONATHON B						Name /			ist Jonatha x Number is Not Acceptable	on B	•	
7201 N.W	. 11TH PLAC	Œ					Street Address (P.O. Box Number is Not Acceptable) 720/ Nw //th Place					
	LLE FL 3260						,					
CAMESVI	LLE FE 3200	5				City G	aine	CVII	lle.	FL	Zip Goo	ie 405
8. The above	named entity	submits this statement f	or the purp	ose of changing its re	egister	ed office or	registere	ed age	nt, or both, in the State of Flo	rida. I am f	amiliar with,	and accept
the obligat	ions of registe	red agent		5 0	٠,			-		. 1	,	
		(RA)	, 1	annollana 6	, 2	lmai	ich	Pa	ic in Lan	Waa	102	[
SIGNATURE .	7/40	1911 XV		JANA YNON D	1/4	id Agent signati	UST		(/LTC/4	T/OY	<u>us</u>	
	Signiflure, typed o	r printed name of registered agen	and title if app	MCable. (NOTE:	negistere	o Agent agriati	e required	witeriteii		- DAIL		
F	ILE NOW!!!	FEE IS \$150.00							9. Election Campaign Fir	anaina	ės (30
After May 1, 2003 Fee will be \$550.00									Trust Fund Contributio	nancing n. E		00 May Be
Make Check						Trade Total Continuous	. –	. /1000				
10.		OFFICERS AND	DIRECTO	IBS	11.			ADD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 11
TITLE	CPTD	0171021107111		☐ Delete	TITL		D/C	/CEC			€ Change	☐ Addition
NAME	SHIVELY, V	MILLIAM .1		□ Deiete	NAM							_
STREET ADDRESS		11TH PLACE				EET ADDRESS		Shively, William J. 7201 NW 11th Place				
CITY-ST-ZIP		LE FL 32605		C				Gainesville, FL 32605				
• • • • • • • • • • • • • • • • • • • •				☐ Delete	TITL	Г	Gal	nesv	/1116 LT 3200	<u> </u>	☐ Change	Addition
TITLE NAME	S	T IONATHON B		Delete	NAM						☐ Onlinge	7,001001
STREET ADDRESS		t, Jonathon B 1th Place				EET ADDRESS						-
CITY-ST-ZIP						'-ST-ZIP						
	CAMINESVIL	LE FL 32605			1	-					☐ Change	- Addition
TITLE				☐ Delete	TITL		1		- · -		☐ Change	Addition
NAME					NAM		ı	•	, Brian T.			
STREET ADDRESS	1					EET ADDRESS '-ST-ZIP	ı		V 11th Place			Į.
CITY-ST-ZIP					-		_Gai	nesv	<u> 7ille, FL 3260</u>	5		
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME					NAM							
STREET ADDRESS	i					EET ADDRESS						
CITY-ST-ZIP					CHY	'-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME					NAM							ĺ
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	,				CITY	'-ST-ZIP						
TITLE				☐ Delete	TITL	E					☐ Change	☐ Addition
NAME					NAM	1E			•			
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
40		فالمراه والمراه والمراه والمراه والمراه والمراه	محالة منطه ط	door not qualify for t	the ove	motion stat	ad in Ca	otion 1	19 07/3Vi) Florida Statutes	further cor	tifu that the	information

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 10 or Block 11 if chapter for or an attachtion with an address, white all other like empowered.

SIGNATURE:

B. Kalmoust 4/29/03