**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Aug 11, 2003 8:00 am Secretary of State P02000001735 DOCUMENT # 1. Entity Name 08-11-2003 90284 012 \*\*\*150.00 NOCATEE INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 12518 HIGHVIEW DRIVE 12518 HIGHVIEW DRIVE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0563072 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOCKETT, DAVID M Street Address (P.O. Box Number is Not Acceptable) 12518 HIGHVIEW DRIVE JACKSONVILLE FL 32225 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition LOCKETT, DAVID M NAME NAME 12518 HIGHVIEW DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ۷Ď TITLE ☐ Delete TITLE ☐ Change ☐ Addition TER MORS, HARRY NAME NAME 13880 DEER CHASE PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP \_\_ ☐ Change Addition TITLE ☐ Delete TITLE NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with Lockett Pais, dert 8-6-03 SIGNATURE:

12. 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

Nocatee Insurance Services, Inc.

Allstate Insurance Company 100 Corridor Road S., Suite 260 Ponte Vedra Beach, FL 32082

Bus: Fax: (904) 273-0550 (904) 273-6516



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August 7, 2003

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

## To Whom It May Concern:

I have enclosed the corporate filing for 2003 along with the filing fee for \$150.00. Nocatee Insurance Services corporate name was changed along with the ownership as of January 1, 2003. The renewal forms went to the previous owner's address. I received the new renewal forms after the filing deadline. Please accept this filing for 2003. Next year's filing will be made before the deadline since the corporate address has been updated in the State of Florida's system.

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Thank you in advance.

Sincerely,

David Lockett

Nocatee Insurance Services, Inc.