

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90121 023 ***150.00

DOCUMENT # P02000040608

1. Entity Name
PROFESSIONAL LIABILITY INSURANCE AGENCY, INC.



Principal Place of Business

**1605 MAIN STREET
SUITE 912
SARASOTA FL 34236**

Mailing Address

**1605 MAIN STREET
SUITE 912
SARASOTA FL 34236**

90013078



2. Principal Place of Business

**3645 CORTEZ RD WEST
150**

3. Mailing Address

**3645 CORTEZ RD WEST
150**

☐ CHECK HERE IF MAKING CHANGES

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

02-0579611

☒ Applied For

☐ Not Applicable

Zip

34210

Country

USA

Zip

34210

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**H. WILLIAM SCOVILL
1605 MAIN STREET
SUITE 912
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **BERNARD L. KOYEN**
Street Address (P.O. Box Number is Not Acceptable) **6101 34 STREET WEST, #2SH**
City **BRADENTON** FL Zip Code **34210**

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 **Bernard L. Koyen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOYEN, BERNARD L**
STREET ADDRESS **3645 CORTEZ ROAD WEST #150**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Delete
NAME **KOYEN, CONNIE S**
STREET ADDRESS **3645 CORTEZ ROAD WEST #150**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Delete
NAME **PRIDGEN, GARY L**
STREET ADDRESS **4300 LAKESIDE DRIVE #13**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

1/8/03

Date

941-727-7662

Daytime Phone #

CR2E034 (10/02)