

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90014 033 ***150.00

DOCUMENT # P09331

1. Entity Name
CTX INSURANCE AGENCY, INC.

Principal Place of Business

**2728 N HARWOOD ST
DALLAS TX 75201
US**

Mailing Address

**P.O. BOX 199000
DALLAS TX 75219
US**

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

75-1425434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

**1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **OLIVER, FRANCES C.**
STREET ADDRESS **2728 N HARWOOD ST**
CITY-ST-ZIP **DALLAS TX**

TITLE **TREASURER, DIRECTOR** ☒ Change ☐ Addition
NAME **HEARD, FRANCES OLIVER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **ANDERSON, ROSS**
STREET ADDRESS **9441 LBJ FREEWAY #504**
CITY-ST-ZIP **DALLAS TX 75243**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **FLYNN, JOHN J**
CITY-ST-ZIP **2728 N HARWOOD ST**
DALLAS, TX 75201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **GEESLIN, CHRISTINE**
CITY-ST-ZIP **30 LIVE OAK LANE**
HICKORY CREEK, TX 75065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TAX DIRECTOR**
STREET ADDRESS **LYLE E STEVENS**
CITY-ST-ZIP **2728 N HARWOOD ST**
DALLAS, TX 75201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
LYLE E STEVENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

Date

214-981-5000

Daytime Phone #

CR2E034 (9/01)

Attachment
PO 9331
792468

CTX INSURANCE AGENCY

2728 NORTH HARWOOD STREET
DALLAS, TEXAS 75201

04/17/2002

Division of Corporations
Uniform Business Report Filings

PO Box 1500

Tallahassee FL 32302-1500

CERTIFIED MAIL # 7001 2510 0002 9198 4229

Gentlemen:

Enclosed is the following :

Return: FL Foreign Annual

Period: 2002

Amount: \$ 150.00

Very truly yours,

Lisa Ann

Enclosures

TAX DEPT LNT

MAILING ADDRESS: P.O. BOX 199000 DALLAS, TEXAS 75219