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2002 UNIFORM BUSINESS REPORT (UBR)

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Jan 15, 2002 8:00 am DOCUMENT # P93000007589 **Secretary of State** 1. Entity Name 01-15-2002 90027 004 ***150.00 FLOYD SEWELL INSURANCE AGENCY INC Principal Place of Business Mailing Address 4540 SOUTHSIDE BLVD. 4540 SOUTHSIDE BLVD. υυυυπι **SUITE 1102 SUITE 1102** JACKSONVILLE FL 32216-5495 JACKSONVILLE FL 32216-5495 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3156037 Not Applicable Zip Country Zip 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 SEWELL, FLOYD Street Address (P.O. Box Number is Not Acceptable) STATE FARM INSURANCE 4540 SOUTHSIDE BLVD., SUITE 1102 JACKSONVILLE FL 32216-5495 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Delete Addition SEWELL, FLOYD NAME NAME STREET ADDRESS 4540 SOUTHSIDE BOULEVARD, SUIE 1102 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SEWELL, HILDA NAME NAME 4540 SOUTHSIDE BOULEVARD, SLUITE 1102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 810 00.114<u>8.</u> CAULI THEESE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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