2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90014 044 ***150.00

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DOCUMENT # P93000056574

1. Entity Name
HUMPHREYS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~2300 WINTER WOODS BLVD.~~ ~~WINTER PARK FL 32792-1907~~ ~~US~~	~~2300 WINTER WOODS BLVD.~~ ~~WINTER PARK FL 32792-1907~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4950 HALL ROAD	SAME
Suite, Apt. #, etc: STE C	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32817 Country: US	Zip Country

4. FEI Number 59-3196215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHREYS, LARRY
~~2300 WINTER WOOD BLVD.~~
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 4950 HALL RD STE C
City: ORLANDO FL Zip Code: 32817

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: LARRY HUMPHREYS DATE: 4/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREYS, LARRY G. 4043 LAUREL BRANCH LANE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUMPHREYS, GLINDA 4043 LAUREL BRANCH LANE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: LARRY HUMPHREYS 4/13/01 4076528898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #