## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P93000071194 May 16, 2000 8:00 am Secretary of State SAI INSURANCE AGENCY, INC. 05-16-2000 90011 049 \*\*\*150.00 Principal Place of Business Mailing Address 160 ALABAMA STREET 160 ALABAMA STREET **CRESTVIEW FL 32536-2544** CRESTVIEW FL 32536 000000v~ 2. Principal Place of Business 998 S. Wilson Street 3. Mailing Address 998 S. Wilson Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0443598 Not Applicable Crestylew, Crestview, Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 32536-4422 32536-4422 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAYNE, LINDA G Street Address (P.O. Box Number is Not Acceptable) 105 NAVAJO TRACE CRESTVIEW FL 32536 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. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete Change ☐ Addition TITLE TITLE MEREDITH, VIVIAN B NAME NAME STREET ADDRESS 135 STEEPLECHASE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Change ☐ Addition VST ☐ Delete TITLE PAYNE, LINDA G NAME STREET ADDRESS 105 NAVAJO TRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32536** Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Detete TITLE 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-7IP ☐ Change · ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

GNATHER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

850/689-6616

Date Daytime Phone #