

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90090 028 \*\*\*150.00

**DOCUMENT # P93000082872**

1. Entity Name

**BARBARA CORWIN INSURANCE, INC.**

Principal Place of Business

~~1517 NORTH NINTH AVENUE  
PENSACOLA FL 32503~~

Mailing Address

~~P-O BOX 9487  
PENSACOLA FL 32513  
US~~

LU03J863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9912 FAIRWAY VILLAS LN**

3. Mailing Address

**SAME**

State, Apt. #, etc.

**FL**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

City & State

4. FEI Number

**59-3215578**

Applied For

Not Applicable

Zip

**32514**

Country

**ESCANABA**

Zip

Country

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

**CORWIN, BARBARA  
1517 NORTH NINTH AVENUE  
PENSACOLA FL 32503**

Name

**SAME**

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

**9912 FAIRWAY VILLAS LN**

City

**PENSACOLA**

FL

Zip Code

**32514**

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

*Barbara Corwin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/01**

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	<input type="checkbox"/> Delete
	<b>D CORWIN, BARBARA</b>	<b>9912 FAIRWAY VILLAS LN</b>	<b>1517 NORTH NINTH AVENUE PENSACOLA FL 32503-32514</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Barbara Corwin*  
**BARBARA CORWIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**858 471-1212**

Daytime Phone #

CRE034 (10/00)