

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90032 041 ***150.00

DOCUMENT # P96000010744

1. Entity Name

NORMAN INSURANCE AGENCY, INC.

Principal Place of Business

**6132 SW SR 200
 OCALA FL 34476**

Mailing Address

**6132 SW SR 200
 OCALA FL 34476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354062

Applied For

Not Applicable

Zip

Country

Zip

Country

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

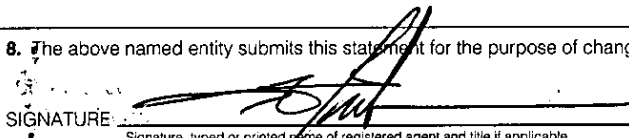
6. Name and Address of Current Registered Agent

**NORMAN, LINDA
 2601 SE LAKE WEIR AVENUE
 OCALA FL**

7. Name and Address of New Registered Agent

Name **GARY NORMAN**
 Street Address (P.O. Box Number is Not Acceptable) **6132 SW SR 200**
 City **OCALA** FL **34476**

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

4-17-02

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 **VP** ☐ Delete
 NAME **NORMAN, GARY L**
 STREET ADDRESS **2868 SE 31ST ST**
 CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 352-351-4020

CR2E034 (9/01)