

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90059 012 ***150.00

DOCUMENT # P96000031741

1. Entity Name

CENTRAL FLORIDA INSURANCE SYSTEMS, INC.

Principal Place of Business

1111 N.E. 25TH AVENUE
 SUITE 501
 OCALA FL 34470

Mailing Address

1111 N.E. 25TH AVENUE
 SUITE 501
 OCALA FL 34470



2. Principal Place of Business

2337 E. Silver Springs Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2337 E. Silver Springs Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3377323

Applied For

Not Applicable

Zip

34470

Country

USA

Zip

34470

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITT, TROY C

1111 N.E. 25TH AVENUE

SUITE 501

OCALA FL 34470

7. Name and Address of New Registered Agent

Name

SAME NAME

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

2337 E. Silver Springs Blvd.

City

Ocala

FL

Zip Code

34470

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

2-4-02

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

TITLE **D** ☐ Delete
 NAME **WHITT, TROY C**
 STREET ADDRESS **1111 N.E. 25TH AVENUE STE 501**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ Delete
 NAME **WHITT, VIRGINIA M**
 STREET ADDRESS **1111 N.E. 25TH AVENUE STE 501**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **2337 E. Silver Springs Blvd.**
 CITY-ST-ZIP **Ocala, FL 34470**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **2337 E. Silver Springs Blvd.**
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

2-4-02

Date

Daytime Phone #

352-732-9229

CR2E034 (9/01)