

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90158 025 ***150.00

DOCUMENT # P96000067711

1. Entity Name

HARRIS INSURANCE OF PENSACOLA, INC.

Principal Place of Business

**124 MIRACLE STRIP PARKWAY
 FORT WALTON BEACH FL 32549**

Mailing Address

**124 MIRACLE STRIP PARKWAY
 FORT WALTON BEACH FL 32549**

2. Principal Place of Business

123 Miracle Strip Pkwy SE
 Suite, Apt. #, etc.

3. Mailing Address

123 Miracle Strip Pkwy SE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Walton Bch, FL
 Zip **32548** Country **USA**

City & State

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 Zip **32548** Country **USA**

4. FEI Number

59-3410563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, WHIT
 124 MIRACLE STRIP PARKWAY
 FORT WALTON BEACH FL 32549**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **HARRIS, WHIT**
 STREET ADDRESS **124 MIRACLE STRIP PARKWAY**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32549**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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CR2E034 (9/01)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 8562442111

Date

Daytime Phone #