## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 22, 2002 8:00 am Secretary of State **DOCUMENT #** P96000082951 1. Entity Name 03-22-2002 90043 024 \*\*\*150 00 AFFORDABLE INSURANCE GROUP OF NORTHWEST FLORIDA, INC. Mailing Address Principal Place of Business 1813-D CREIGHTON RD 1813-D CREIGHTON RD PENSACOLA FL 32504 PENSACOLA FL 32504 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3408219 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYESS, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 4321 LA MIRAGE DRIVE PENSACOLA FL 32504 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE DP NAME NAME DYESS, DAVID L STREET ADDRESS STREET ADDRESS 4321 LAMIRAGE DRIVE CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE DTS NAME NAME DYESS, VIRGINIA L STREET ADDRESS STREET ADDRESS 4321 LAMIRAGE DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change Addition TITLE ☐ Delete TITLE DVP NAME NAME WYNNE, ROBERT M JR STREET ADDRESS STREET ADDRESS 10353 MERCER LANE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE DVP wynne, krist**e**n D NAME NAME STREET ADDRESS STREET ADDRESS 10353 MERCER LANE CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 attackment with an address, with all other like empowered.

FILED