

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90161 002 ***150.00

DOCUMENT # P96000097486**1. Entity Name**
INSURANCE DIRECT CORPORATION**Principal Place of Business**
124 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH FL 32548**Mailing Address**
124 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
123 Miracle Strip Pkwy SE
Suite, Apt. #, etc.**3. Mailing Address**
123 Miracle Strip Pkwy SE
Suite, Apt. #, etc.**City & State**
Ft. Walton Bch, FL
Zip
32548
Country
USA**City & State**
Ft. Walton Bch, FL
Zip
32548
Country
USA**4. FEI Number** **59-3409908**
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HARRIS, C W**
124 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH FL 32548**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, 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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HARRIS, C W	211 NATURES TRAIL	FT WALTON BCH FL 32548	<input type="checkbox"/>
V	HARRIS, CYRUS W	243 NW VAUGHAN	FT WALTON BCH FL 32548	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		123 MIRACLE STRIP PKWY SE	FT. WALTON BCH. FL 32548	<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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date** **4-17-02** **Daytime Phone #** **850-244-2111**

CR2E034 (9/01)