# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 12, 2004 8:00 am**
**Secretary of State**
04-12-2004 90267 036 ***158.75

DOCUMENT # P96000099928

1. Entity Name

First National Insurance Network, Inc.

**DO NOT WRITE IN THIS SPACE**

44026315

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 117 Seamarge Circle | 117 Seamarge Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pensacola, FL | City & State: Pensacola, FL |
| Zip: 32507 Country: USA | Zip: 32507 Country: USA |

4. FEI Number: 59-3425449 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Linda J. Massey

Street Address (P.O. Box Number is Not Acceptable): 117 Seamarge Circle

City: Pensacola **FL** Zip Code: 32507

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Linda J. Massey Sr. V.P. 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | D | TITLE | |
| NAME | Martha Ann Hunter | NAME | |
| STREET ADDRESS | 117 Seamarge Circle | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32507 | CITY-ST-ZIP | |
| TITLE | DVST | TITLE | |
| NAME | Linda J. Massey | NAME | |
| STREET ADDRESS | 406 Port Royal Way | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32501 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | R. K. Hunter | NAME | |
| STREET ADDRESS | 117 Seamarge Circle | STREET ADDRESS | |
| CITY-ST-ZIP | Pensacola, FL 32507 | CITY-ST-ZIP | **DO NOT WRITE** |
| TITLE | D | TITLE | |
| NAME | Rose A. Janis | NAME | **IN THIS SPACE** |
| STREET ADDRESS | 5005 Amberwood Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Glen Allen, VA 23060 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | Tina Sturdevant | NAME | |
| STREET ADDRESS | 15038 Holleyside Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Montclair, VA 22026 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | Donine Cooper | NAME | |
| STREET ADDRESS | 2499 Robert Lane | STREET ADDRESS | |
| CITY-ST-ZIP | Birmingham, AL 35243 | CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Linda J. Massey Sr. V.P. 4/6/04 (850) 456-0737
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE DAYTIME TELEPHONE NUMBER