

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001076

1. Entity Name

GEORGE QUARTERMAN INSURANCE AGENCY, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90360 013 ***150.00

Principal Place of Business

Mailing Address

29302 UNIVERSITY BLVD W.
JACKSONVILLE FL 32217
US

2932 UNIVERSITY BLVD.. WEST
JACKSONVILLE FL 32217-2119

914088

2. Principal Place of Business

3. Mailing Address

5415 SAN JOSE BLVD.
Suite, Apt. #, etc.

5415 SAN JOSE BLVD
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 59-3415971

Applied
Not

Zip Country
32207 USA

Zip Country
32207 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUARTERMAN, GEORGE
2932 UNIVERSITY BLVD., WEST
JACKSONVILLE FL 32217

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

5415 SAN JOSE BLVD
City JACKSONVILLE FL Zip Code 32207

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME QUARTERMAN, GEORGE
STREET ADDRESS 8459 GRAYLING DRIVE, SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 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

Daytime Phone #

George Quarterman 1-27-00 904-730