

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024903

1. Entity Name

ANGLIN INSURANCE & INVESTMENT SERVICES, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90049 003 ***150.00

Principal Place of Business

Mailing Address

4317 N PALATON ST.
SUITE 343
PENSACOLA FL 32505

P.O. BOX 13507
PENSACOLA FL 32591-3507

2. Principal Place of Business

4317 N. Palafox St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

4. FEI Number 59-3436864

Applied For
Not Applicable

Zip 32505

Country USA

Zip

Country

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

MANN, THOMAS D
41 N JEFFERSON ST
PENSACOLA FL 32501

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, 2000 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
NAME ANGLIN, KIPP E
STREET ADDRESS 3 WEST GARDEN STREET STE 343
CITY-ST-ZIP PENSACOLA FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Kipp E. Anglin
STREET ADDRESS 4317 N. Palafox St.
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE
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STREET ADDRESS
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STREET ADDRESS
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 attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

850 432 9400

Daytime Phone #