

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90216 002 ***150.00

DOCUMENT # P97000024903

1. Entity Name
ANGLIN INSURANCE & INVESTMENT SERVICES, INC.



Principal Place of Business

4317 N PALAFOX ST.
PENSACOLA FL 32505

Mailing Address

P.O. BOX 13507
PENSACOLA FL 32591-3507

2. Principal Place of Business

826 Creighton RD.

3. Mailing Address

Suite, Apt. #, etc.

Ste. B-104

Suite, Apt. #, etc.

City & State

PENSACOLA FL.

City & State

Zip

32504

Country

USA

Zip

Country

4. FEI Number

59-3436864

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, THOMAS D

41 N JEFFERSON ST
PENSACOLA FL 32501

NEW ADDRESS
ONLY

7. Name and Address of New Registered Agent

Name

THOMAS D. MANN

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

4457 BAYOU BLVD.

City

PENSACOLA

FL

Zip Code

32503

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME ANGLIN, KIPP E
STREET ADDRESS 4317 N. PALAFOX ST
CITY-ST-ZIP PENSACOLA FL 32505

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 826 Creighton RD. Ste B-104
CITY-ST-ZIP PENSACOLA, FL. 32504

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Date

850-477-1417

Daytime Phone #

CR2E034 (10/02)