2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000028214**

BRIDGES INSURANCE, INC.

BRIDGES, PEGGY D

BAYONET POINT FL 34667

9. This corporation is eligible to satisfy its Intangible

BRIDGES, PEGGY D

CLINE, E MASON JR

HUDSON FL 34667

13823 MICHELLE AVE

4650 BAY BLVD, UNIT 1028

PORT RICHEY FL 34668

Tax filing requirement and elects to do so.

1234 US 19

(See criteria on back)

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 2344 US HWY 19 12344 US HWY 19 8AYONET POINT FL 34667 Principal Place of Business 3. Mailing Address	
SAYONET POINT FL 34667-1948 SAYONET POINT FL 34667-1948	
2. Principal Place of Business 3. Mailing Address	
L L	
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u></u>
City & State City & State	
Zip Country - Zip Country -	

6. Name and Address of Current Registered Agent

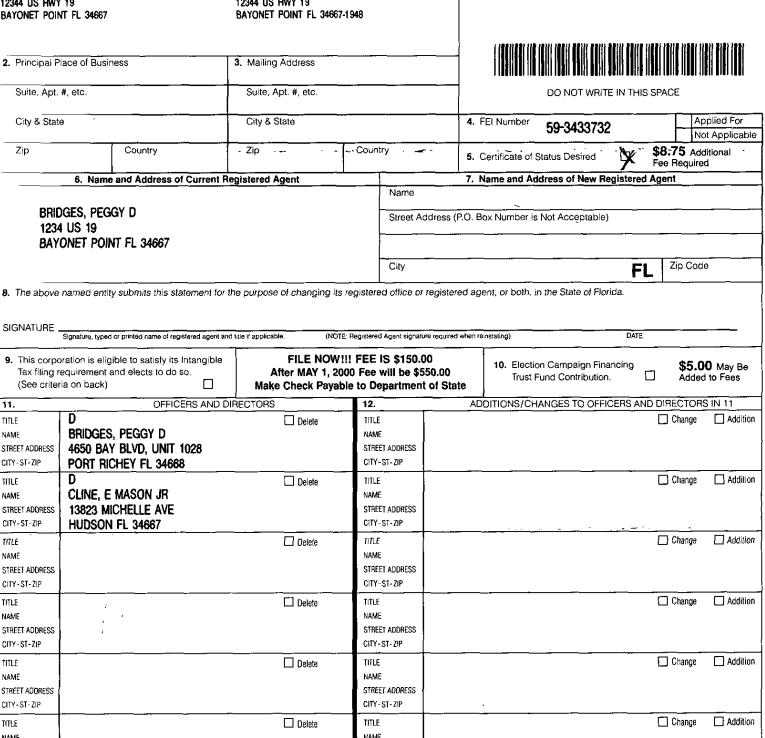
Signature, typed or printed name of registered agent and title if applicable

П

OFFICERS AND DIRECTORS

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90010 037 ***158.75



CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

TIT) F

NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: