

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000028811**1. Entity Name
AGENCY SOLUTIONS FLORIDA, INC.

Principal Place of Business

4600 W. CYPRESS STREET, SUITE 200

TAMPA
33607

FL

Mailing Address

4600 W. CYPRESS STREET, SUITE 200

TAMPA
33607

FL

2. Principal Place of Business

1410 N. WESTSHORE BLVD.

Suite, Apt. #, etc.
SUITE 600City & State
TAMPA

FL

Zip
33607

Country

3. Mailing Address

1410 N. WESTSHORE BLVD.

Suite, Apt. #, etc.
SUITE 600City & State
TAMPA

FL

Zip
33607

Country

4. FEI Number

59-3443308

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HADLOW RICHARD B
220 SOUTH FRANKLIN STREETTAMPA
33602

FL

US

7. Name and Address of New Registered Agent

Name

NUGENT BRIAN M

Street Address (P.O. Box Number is Not Acceptable)
1410 N. WESTSHORE BLVD.

SUITE 600

City
TAMPA

FL

Zip Code
33607

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 **BRIAN M. NUGENT**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE WILLIAM	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKMAN STEPHEN	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	FOWLER NOBLE T	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, III JAMES	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	VOLPI DAVID	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DAVIS CHARLES MJR	
STREET ADDRESS	4600 WEST CYPRESS STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS CHARLES MJR	
STREET ADDRESS	1410 N. WESTSHORE BLVD., STE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGAN ROBERT W	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	

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: Charles M. Davis, Jr.

VP

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)