

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000064476

Entity Name: CLEMONS INSURANCE AGENCY, INC.

FILED
Feb 18, 2003
Secretary of State

Current Principal Place of Business:

917 BUENA VISTA DR
TALLAHASSEE, FL 32304

New Principal Place of Business:

1573 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL 32311

Current Mailing Address:

917 BUENA VIST DR
TALLAHASSEE, FL 32304 US

New Mailing Address:

1573 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL 32311 US

FEI Number: 59-3458873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMONS, PAUL I JR
1573 CINNAMON BEAR CIR
TALLAHASSEE, FL 32311

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLEMONS, PAUL I JR
Address: 917 BUENA VISTA DR
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLEMONS, PAUL I JR
Address: 1573 CINNAMON BEAR CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL I CLEMONS, JR

D

02/18/2003

Electronic Signature of Signing Officer or Director

Date