2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000091818 Jul 14, 2000 8:00 am 1. Entity Name Secrétary of State COPPIN INSURANCE AGENCY, INC. 07-14-2000 90003 025 ***150.00 Principal Place of Business Mailing Address 15271 MCGREGOR BLVD 15271 MCGREGOR BLVD FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, eta. DO NOT WRITE IN THIS SPACE SuiTl Applied For 4. FEI Number 65-0790126 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPPIN, DAVID F Street Address (P.O. Box Number is Not Acceptable) 977 N. WATERWAY DRIVE FT MYERS FL 33919 Zip Code City FI 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) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (5/00) TITLE TITLE ☐ Delete COPPIN, DAVID F NAME NAME 977 N WATERWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIF VΡ Change: Addition Delete TITLE TITLE GRUSHEY, TRACEY C NAME NAME 1705 PARK MEADOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE FT MYERS FL 33901 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE GRUSHEY, DAVID F NAME NAME 1705 PARK-MEADOW DRIVE STREET ADDRESS STREET ADDRESS FT MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ¹¹ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered. changed, or on an a

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

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A0067747



Coppin Insurance Agency, Inc.

15271-13 McGregor Blvd. Ft. Myers, FL 33908 July 6, 2000

Bus: 941-489-2442 Fax: 941-489-1041

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P O BOX 1500 TALLAHASSEE, FL 32302-1500

RE: 2000 Uniform Business Report Filing

Sorry this is late, but I honestly did not receive the first notice.

We were moving our office to suite 3 about the time it was probably mailed.

My CPA informs me that the fee is \$150.00 due by the 1st of May. From now on we will follow up and Send payment automatically.

Please forgive this one time error probably due to our move and the fact we are a new corporation.

F. David Coppin