## 2003 FOR PROFIT CORPORATION

P98000002361

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

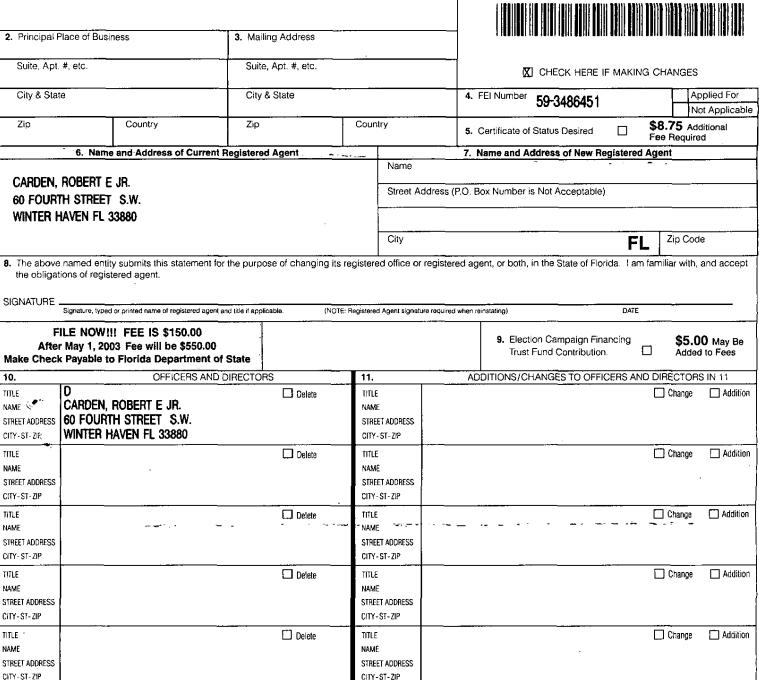
CARDEN & SPROTT INSURANCE, INC.

Carden & Associates, Inc.

Principal Place of Business 60 FOURTH STREET S.W. WINTER HAVEN FL 33880

Mailing Address P.O. BOX 1834

WINTER HAVEN FL 33882



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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

**FILED** 

Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90035 041 \*\*\*150.00

☐ Change

☐ Addition