

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90154 001 ***150.00

0028971

DOCUMENT # P98000005270

1. Entity Name

BAGGETT INSURANCE AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

5325 SHEPHERD RD
LAKELAND FL 33811
US

5325 SHEPHERD RD
LAKELAND FL 33811
US

2. Principal Place of Business

422 S. Florida Ave

3. Mailing Address

6314 Hatcher Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

US

Zip

33811

Country

US

4. FEI Number

59-3493149

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

7. Name and Address of New Registered Agent

JACKSON, ANDREW B
150 NORTH COMMERCE AVE.
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAGGETT, TIMOTHY E SR 5325 SHEPHERD RD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Baggett, Timothy E SR 6314 Hatcher Rd Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAGGETT, TIMOTHY R II 607 VINSON AVE LAKE PLACID FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Baggett, Timothy E II 6314 Hatcher Rd Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAGGETT, BARBRA J 5325 SHEPHERD RD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Baggett, Barbra J 6314 Hatcher Rd Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Timothy E. Baggett Sr. / Timothy E. Baggett SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

863-686-1176

CR2E034 (10/00)