

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90117 006 ***150.00

03/13/02 08:00 AM

DOCUMENT # P98000005270

1. Entity Name

BAGGETT INSURANCE AND ASSOCIATES, P.A.

Principal Place of Business

**422 S FLORIDA AVE
E
LAKELAND FL 33801
US**

Mailing Address

**6314 HATCHER ROAD
LAKELAND FL 33811
US**

2. Principal Place of Business

6314 Hatcher Rd

Suite, Apt. #, etc.

3. Mailing Address

6314 Hatcher Rd

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip
33811

Country
Polk

Zip
33811

Country
Polk

4. FEI Number

59-3493149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Timothy E Baggett Sr.

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

6314 Hatcher Rd

City

Lakeland

FL

Zip Code
33811

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 *Timothy E Baggett Sr.* **Timothy E Baggett Sr. 2/27/02**

Signature, typed or printed name of registered agent, or 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAGGETT, TIMOTHY E SR**
STREET ADDRESS **6314 HATCHER ROAD**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **V** ☒ Delete
NAME **BAGGETT, TIMOTHY R II**
STREET ADDRESS **6314 HATCHER ROAD**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **ST** ☐ Delete
NAME **BAGGETT, BARBRA J**
STREET ADDRESS **6314 HATCHER ROAD**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.* **2/27/02 Timothy E Baggett Sr. 863-607-662**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)