

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90915 037 \*\*\*150.00

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**DOCUMENT # P98000047247**

1. Entity Name

**MR. AUTO INSURANCE OF PALATKA, INC.**

Principal Place of Business

**145 TOWN & COUNTRY DR.  
PALATKA FL 32091**

Mailing Address

**145 TOWN & COUNTRY DR.  
PALATKA FL 32177**

2. Principal Place of Business

**831 Hwy 19 South**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Palatka, FL**

Zip

**32177**

Country

**USA**

3. Mailing Address

**831 Hwy 19 South**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Palatka, FL**

Zip

**32177**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3518416**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEBSTER, GERALD L  
411 LAKESHORE DR  
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name **DIANA ELLWOOD**

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

**139-B SW Port St Lucie Blvd**

City **Port St Lucie**

**FL**

Zip Code

**34984**

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, 2002 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

TITLE **P** ☒ Delete  
NAME **WEBSTER, GERALD L**  
STREET ADDRESS **411 LAKESHORE DR**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE **P** ☐ Delete  
NAME **ELLWOOD, DIANA M**  
STREET ADDRESS **139-B SW Port St Lucie**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition  
NAME **ELLWOOD, DIANA**  
STREET ADDRESS **139-B SW Port St Lucie Blvd**  
CITY-ST-ZIP **Port St Lucie FL 34984**

TITLE **D** ☐ Change ☒ Addition  
NAME **ELLWOOD, GARY F**  
STREET ADDRESS **3327 Hatcher St**  
CITY-ST-ZIP **Fort Pierce FL 34981**

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  
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.

**561-873-9979**

SIGNATURE:

**DIANA M ELLWOOD**

**1/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)