

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90031 032 ***150.00

DOCUMENT # P98000055354

1. Entity Name

KIRKLAND INSURANCE AGENCY, INC.

Principal Place of Business

**2518 HWY. 77, SUITE E
 LYNN HAVEN FL 32444**

Mailing Address

**2518 HWY. 77, SUITE E
 LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518443

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARD, LORI E
 607 HWY 98 EAST
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **LORI E. WARD**

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

800 E. HEWETT RD

City **SANTA ROSA BCH**

FL

Zip Code **32459**

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 **JAMES W. KIRKLAND, JR.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-17-09

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 **KIRKLAND, JR, JAMES W**
 STREET ADDRESS **2518 HWY 77 SUITE E**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **TS** ☐ Delete
 NAME **KIRKLAND, KAREN M**
 STREET ADDRESS **1506 RHODE ISLAND AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

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

TITLE ☐ Change ☐ Addition
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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: **JAMES W. KIRKLAND, JR.**
 Signature and typed or printed name of signing officer or director

04-17-02
 Date

850-265-6088
 Daytime Phone #

04-29-2002 90031 032 ***150.00

CR2E034 (9/01)