2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business

P98000058399

1. Entity Name

PRINGLE INSURANCE AGENCY, INC.

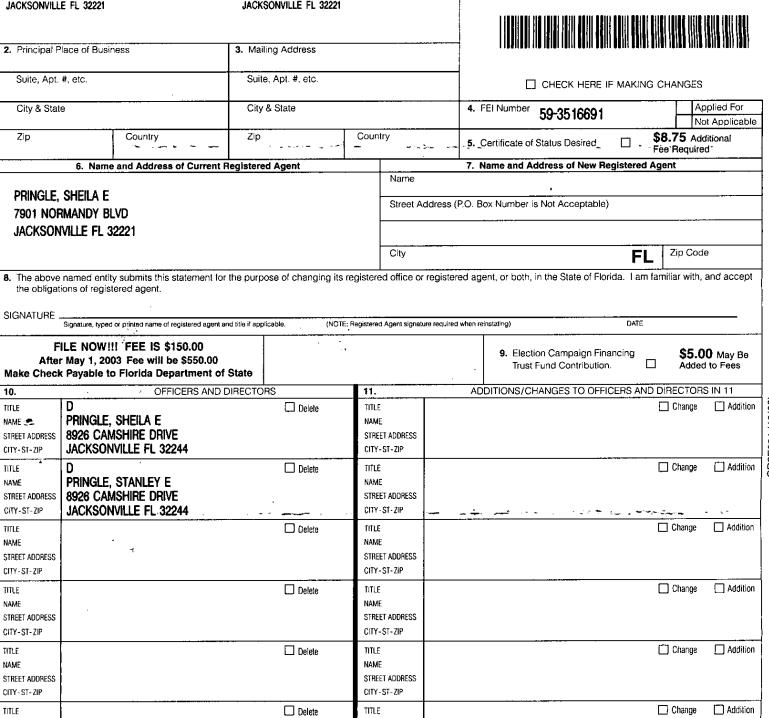


Mailing Address

7901 NORMANDY BLVD 7901 NORMANDY BLVD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 3. Mailing Address

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90174 023 ***150.00



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 s required by Chap**te)** 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

CR2E034 (10/02)