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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098766

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FILED
01 OCT 15 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
WOOLSEY INSURANCE AGENCY Corp.

Principal Place of Business | Mailing Address
1845 E. John Sims Pkwy
NICEVILLE FL 32578

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
SAME	SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 593544604 ☐ Applied For ☐ Not Applicable
Zip / County OKALOOSA	Zip / County OKALOOSA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARK L WOOLSEY	Name
1845 E. John Sims Pkwy	Street Address (P.O. Box Number is Not Acceptable)
Niceville FL 32578	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	PRESIDENT MARK L. WOOLSEY 1478 OAKMONT PLACE NICEVILLE FL 32578 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004669213--0 -11/06/01--01064--012 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARTHA L. WOOLSEY 1478 OAKMONT PLACE NICEVILLE FL 32578 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: (MARK WOOLSEY) 10-11-01 850-678-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Mark L. Woolsey
Senior Account Agent
1845 E. John Sims Parkway
Niceville, FL 32578
Bus: 850-678-0996
Fax: 850-678-8625
Res: 850-897-3373

10-11-01

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Response to document # P98000098766

Enclosed is my 2001 UBR form. Please waive my late fees.

I have not received any notice prior to the revocation notice, and hopefully my prior pay record will indicate that I have not been late in the past.

I verified my info with someone in your office, today and all is correct, and no postage was returned to you. I have no explanation, but would appreciate your understanding this time and I will put on my calendar to check early in 2002 for my next statement.

I've enclosed my check for $150.00

Thank you

Mark Woolsey