

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

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 023 ***150.00

0003198 AV

DOCUMENT # P98000099870

1. Entity Name

STAMPER INSURANCE CONSULTANTS, INC.



Principal Place of Business
**7826 GLEN ECHO RD. NORTH
JACKSONVILLE FL 32211**

Mailing Address
**7826 GLEN ECHO RD. NORTH
JACKSONVILLE FL 32211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3544019**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**STAMPER, JAMES R
7826 GLEN ECHO RD. NORTH
JACKSONVILLE FL 32211**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAMPER, JAMES R
7826 GLEN ECHO RD. NORTH
JACKSONVILLE FL 32211** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/9/03 904-923-0459

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90140928

#P9800099870

Stamper Insurance Consultants, Inc.
7826 Glen Echo Road North
Jacksonville, FL 32211

July 8, 2003

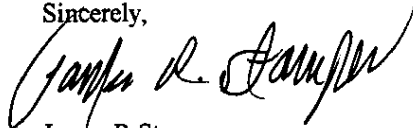
Florida Department of State
Uniform Business Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I hereby request the forgiveness of the late filing charge and reinstatement of the \$150.00 charge, enclosed, for the filing of the Annual Corporate Report.

The reason for this late filing is I have no knowledge of receiving any original request for filing the Annual Corporate Report. I apologize for any inconvenience and thank you in advance for your consideration in this matter.

Sincerely,



James R Stamper
President

JRS/psb