

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90101 028 ***150.00

DOCUMENT # P99000009390

1. Entity Name
DECAMP INSURANCE AGENCY, INC.

Principal Place of Business
5327 COMMERCIAL WAY, STE.B106
SPRING HILL FL 34606

Mailing Address
5327 COMMERCIAL WAY, STE.B106
SPRING HILL FL 34606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3553615**

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

DECAMP, JULIA E
5327 COMMERCIAL WAY, STE.B106
SPRING HILL FL 34606

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D DECAMP, JULIA E 5327 COMMERCIAL WAY, STE.B106 SPRING HILL FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: *JULIA E DECAMP* **9/11/02 (352) 597-8587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Allstate.

You're in good hands.

Allstate Insurance Company

Julia De Camp, Agent

5327 Commercial Way

Spring Hill, FL 34606

(352) 597-8587 phone

(888) 727-5354 toll free

Attachment

#PC90600093910

To Whom It May Concern:

I am requesting that the late fee be waived for the 2002 filing year.

Upon receipt of this notice we attempted to find any original notice that would have been delivered at the beginning of the year. Considering that due to our error last year this fee was incurred, we attempted to avoid the same mistake this year).

I have contacted my accountant, and we cannot locate any first notice throughout any of the business paperwork or documents.

I appreciate your consideration.

Respectfully,

Julia E. De Camp