

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017024

1. Entity Name

MR. INSURANCE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90038 041 ***150.00

Principal Place of Business

Mailing Address

4228 NW 10TH STREET
 GAINESVILLE FL 32609-1850

4228 NW 10TH STREET
 GAINESVILLE FL 32609-1850

2. Principal Place of Business

821 A; NW 13 STREET

3. Mailing Address

821 NW 13TH ST.

Suite, Apt. #, etc.

A-1

Suite, Apt. #, etc.

A-1

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601-2909

Country

ALACHUA

Zip

32601-2909

Country

ALACHUA

4. FEI Number

59-3565403

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DISGDIERTT, MANUEL A SR.
 4228 NW 10TH STREET
 GAINESVILLE FL 32609-1850

7. Name and Address of New Registered Agent

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.

SIGNATURE

MANUEL A. DISGDIERTT SR. *Manuel A. Disgdiertt* 2/25/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DISGDIERTT, MANUEL A SR.	
STREET ADDRESS	4228 NW 10TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609-1850	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL A. DISGDIERTT SR

(352) 371-4357

Date

Daytime Phone #

CR2E034 (9/99)