

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017024

1. Entity Name
MR. INSURANCE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90073 016 ***150.00

Principal Place of Business Mailing Address
821 NW 13 ST 821 NW 13 ST
A-1 A-1
GAINESVILLE FL 32601 GAINESVILLE FL 32601

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
821(A-1) NW 13 ST 821(A-1) NW 13 ST.
City & State City & State
GAINESVILLE, FL GAINESVILLE, FL
Zip Country Zip Country
32601 A/ACHUA 32601 A/ACHUA



DO NOT WRITE IN THIS SPACE

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 7. Name and Address of New Registered Agent
DISGDIERTT, MANUEL A SR. Name
4228 NW 10TH STREET Street Address (P.O. Box Numbers Not Acceptable)
GAINESVILLE FL 32609-1850
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 N/A DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DISGDIERTT, MANUEL A SR.		NAME		
STREET ADDRESS	4228 NW 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609-1850		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Manuel A. Disgdiertt SR. 1/6/01 (352) 371-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)