

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069391

1. Entity Name

SNAPPY INSURANCE, INC.

Principal Place of Business

Mailing Address

209 FIRST STREET NE
ST PETERSBURG FL 33701

209 FIRST STREET NE
ST PETERSBURG FL 33701

2. Principal Place of Business

3165 N McMULLEN BOOTH RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-1

City & State

CLEARWATER FL

City & State

4. FEI Number

59-3592112

Applied For

Not Applicable

Zip

33761-2020

Country

PINELLAS

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

WATERS, WILLIAM A
~~209 FIRST STREET NE~~
ST PETERSBURG FL 33701

Name
WATERS, WILLIAM III

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

3165 N McMULLEN BOOTH RD # D-1

(ADDRESS CHANGE-ONLY-SAME PERSON)

City

CLEARWATER FL 33761-2020

FL

Zip Code

33761-2020

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 D ☐ Delete
NAME MURREY, GREGORY K
STREET ADDRESS 2440 SANDY PLAINS RD BLDG S
CITY-ST-ZIP MARIETTA GA 30066

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

TITLE D ☐ Delete
NAME WATERS, WILLIAM A III
STREET ADDRESS 209 FIRST STREET NE
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3165 N McMULLEN BOOTH RD # D-1
CITY-ST-ZIP CLEARWATER FL 33761-2020

TITLE T ☐ Delete
NAME MAIN, KEITH H
STREET ADDRESS 2440 SAVOY PLACE BLDG # 5
CITY-ST-ZIP MARIETTA GA 30066

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2440 SANDY PLAINS RD BLDG 5
CITY-ST-ZIP MARIETTA GA 30066-0140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH H. MAIN I

Date

4/25/01 770 971 9975

Daytime Phone #

CR2E034 (10/00)

0356019

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90231 002 ***150.00

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DO NOT WRITE IN THIS SPACE