

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

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DOCUMENT # P99000095072

1. Entity Name
V & R INSURANCE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
503D W. DR. MARTIN LUTHER KING, JR. BLVD. 503D W. DR. MARTIN LUTHER KING, JR. BLVD.
CITY FL 33566 PLANT CITY FL 33568-5217



2. Principal Place of Business 3. Mailing Address
504 E BAKER ST PO Box 1536
Suite, Apt. #, etc. Suite, Apt. #, etc.
#3
City & State City & State
PLANT CITY FL PLANT CITY FL
Zip Zip
33566 33564
Country Country

DO NOT WRITE IN THIS SPACE
01/12/00 90069 046 8150

4. FEI Number 593611589 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLYSON, RAY H JR
503D W. DR. MARTIN LUTHER KING, JR. BLVD.
PLANT CITY FL 33566

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 *Ray H Rollyson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ROLLYSON, RAY H JR	503D W. DR. MARTIN LUTHER KING, JR. BLVD.	PLANT CITY FL 33566	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Ray H Rollyson*

1-4-2000 8137522065

CR2E034 (9/99)

V & R INSURANCE AGENCY

202

P.O. Box 1536 Plant City, FL. 33564-1536 • 503D Martin Luther King St. Plant City, FL. 33566
1-813-752-2065 • Fax 813-759-1789

October 19, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

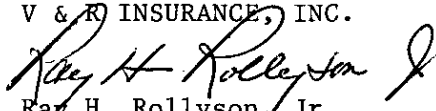
I received the attached Certificate of Administrative Dissolution or Revocation in the mail today.

I do not know why you sent this to me since we filed our 2000 report very promptly on Jan. 4, 2000. I am attaching a copy of the report as well as the front and back of the cancelled check for \$150.00.

Will you please rescind the revocation. Also effective 9-15-2000 my new physical location and mailing address is V & R Insurance, Inc. 504 E. Baker Street, Plant City, FL 33566.

Thank you for your cooperation and I look forward to your reply.

Sincerely,
V & R INSURANCE, INC.


Ray H. Rollyson, Jr.
President