2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000095658 1. Entity Name J.E. GEE INSURANCE AGENCY, INC.				FILED Feb 23, 2001 8:00 an Secretary of State 02-13-2001 90044 028 ***150.00	
Principal Place of Business 2435 LAND O LAKES BLVD. LAND O LAKES FL 34639 2. Principal Place of Business		Mailing Address 2438 LAND O LAKES BLVD. LAND O LAKES FL 34639 3. Mailing Address		27824	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3603398 Applied For Not Applicable	
Ζίρ	Country	Zip	Country	5. Certificate of Status Desired D \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Registered Agent	
GEE.	JAMES	<u> </u>		/2 O. Ray Mr. Shi & Antonio Mathematika	
2438	LAND O LAKES BLVD.		Street Address	(P.O. Box Number is Not Acceptable)	
LANI	0 0 LAKES FL 34639				
			City	FL ^{Zip Code}	
Tax filing i (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2 Make Check Paya	III FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of S	ate	
t	OFFICERS AND DI		12. The	ADDITIONS/CHANGES TO OFF/CERS AND DIRECTORS IN 11	
ME Reet address IY-st-zip	GEE, JAMES E II 2436 Land O Lakes Blvd. Land O Lakes Fl 34639		NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
LE ME REET ADDRESS IY-ST-ZIP		Delste	TITLE NAME STREET ADDRESS CITY'-ST-ZIP	Change Addition	
LE ME REET ADORESS		Delete	TITLE NAME STREET ADDRESS	Change Addition	
TY - ST-ZIP			CITY-ST-ZIP	Chappe Addition	
ile Wie – Reet address Ty-st-zip		🗔 Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition	
LE ME REET ADORESS Y-ST-ZIP		Deletz	TITLE NAME STREET ADDRESS CITY-ST-ZP	Change Addition	
LE ME REET ADDRESS Y-ST-ZIP		Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
3. I hereby o	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, will	is filing does not qualify fo ue and accurate and that i ered to execute this report	r the exemption stated in t my signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as If made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	