

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90097 010 ***150.00

DOCUMENT # S14484

1. Entity Name
MCMAHON-HADDER INSURANCE, INC.

Principal Place of Business

**4400 BAYOU BLVD.
 STE. 12
 PENSACOLA FL 32503
 US**

Mailing Address

**4400 BAYOU BLVD.
 STE. 12
 PENSACOLA FL 32503
 US**

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 14

3. Mailing Address

P.O. Box 30130

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32503

Country

USA

4. FEI Number

59-3032884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCMAHON, DONALD III
 3281 SEVILLE DRIVE
 PENSACOLA FL 32503**

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

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, 2002 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 **PD** ☐ Delete
 NAME **MCMAHON, DONALD III**
 STREET ADDRESS **3281 SEVILLE DRIVE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VPD** ☐ Delete
 NAME **HADDER, WILLIAM H**
 STREET ADDRESS **4400 BAYOU BLVD., SUITE 12**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VPST** ☐ Delete
 NAME **MCMAHON, JOHN**
 STREET ADDRESS **4400 BAYOU BLVD., SUITE 12**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4400 Bayou Blvd, Suite 14**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4400 Bayou Blvd, Suite 14**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02

850 484 7011

CR2E034 (9/01)