

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

523997 ✓

MaryBeth Price Insurance Agency Inc

Principal Place of Business

Mailing Address

2726 Gulf Breeze Pkwy
Gulf Breeze FL 32563

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Santa Rosa

4. FEI Number

593043450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President - Secretary
MaryBeth Price
4153 Madura Rd
Gulf Breeze FL 32563

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President

☐ Change

☐ Addition

Vice President - Treasurer
Michael D. Price
4153 Madura Rd
Gulf Breeze FL 32563

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Delete

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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 602, 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:

MaryBeth Price, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

Signature Page #