


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 028 ***150.00

DOCUMENT # <i>S70571</i>	
1. Entity Name <i>BILLY RAWLS INSURANCE, INC.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2867 BACON PT ROAD</i> Suite, Apt. #, etc.		3. Mailing Address <i>2867 BACON PT ROAD</i> Suite, Apt. #, etc.	
City & State <i>PAHOKEE, FL</i>		City & State <i>PAHOKEE, FL</i>	
Zip <i>33476</i>	Country <i>Palmburn</i>	Zip <i>33476</i>	Country <i>Palmburn</i>

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>RAWLS, BILLY R.</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>2867 BACON PT ROAD</i>			
City <i>PAHOKEE</i> FL Zip Code <i>33476</i>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD RAWLS, BILLY R. 2867 BACON PT ROAD PAHOKEE, FL 33476</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>STD RAWLS, JACQUELYN B. 2867 BACON PT ROAD PAHOKEE FL 33476</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacquelyn Rawls *JACQUELYN RAWLS* *4/30/04* *561-924-7983*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)