

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90170 024 ***150.00

DOCUMENT # V03728

1. Entity Name
TUCKER LIFE-HEALTH INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
2219 CRAWFORDVILLE HWY P.O. BOX 1235
CRAWFORDVILLE FL 32326 CRAWFORDVILLE FL 32326

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3101412** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

TUCKER, ROSS E
2219 CRAWFORDVILLE HWY #2
CRAWFORDVILLE FL 32326

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **PST**
 STREET ADDRESS **TUCKER, ROSS E**
 CITY-ST-ZIP **2219 CRAWFORDVILLE HWY #2**
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-1402 830-926-2200

CR2E034 (9/01)