

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90119 002 ***150.00

DOCUMENT # V03915

1. Entity Name
SOUTH MARION INSURANCE AGENCY, INC.



Principal Place of Business
**5713 SE ABSHIER BLVD
BELLEVIEW FL 34420
US**

Mailing Address
**PO BOX 3220
BELLEVIEW FL 34421
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3097831**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFRANCE, ELAINE C.
5713 SE ABSHIER BLVD.
BELLEVIEW FL 34420**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAFRANCE, ELAINE C.	
STREET ADDRESS	5713 SE ABSHIER BLVD.	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIELLING, EDWARD R.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIELLING, VIVIAN M.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine C. LaFrance* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03 **352-245-1128**
Date Daytime Phone #

CR2E034 (10/02)