

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 035 ***150.00

DOCUMENT # V33041

1. Entity Name

SILVER SPRINGS INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2360 SE 173rd Court

3. Mailing Address

P.O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Silver Springs, FL 34488

City & State

Silver Springs, FL

4. FEI Number

59-3120854

Applied For

Not Applicable

Zip

34488

Country

US

Zip

34489

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CANTRELL, LLOYD N.

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

2360 SE 173rd Court

City

Silver Springs

FL

Zip Code

34488

**DO NOT WRITE
IN THIS SPACE**

18. 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 D
NAME Cantrell, Lloyd N.
STREET ADDRESS 2360 SE 173rd Court
CITY-ST-ZIP Silver Springs, FL 34488

TITLE D
NAME Cantrell, Judy E.
STREET ADDRESS 2360 SE 173rd Court
CITY-ST-ZIP Silver Springs, FL 34488

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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.

Judy E. Cantrell

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

352-625-2994

Date

Daytime Phone #

CR2E034B (12/02)