

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90098 037 ***150.00

DOCUMENT # V41766

1. Entity Name

COUNTERSIGNATURE AGENCY, INC.

Principal Place of Business

Mailing Address

**7840 WOODLAND CENTER BLVD.
TAMPA FL 33614
US****P.O. BOX 30094
TAMPA FL 33630-3094
US**

2. Principal Place of Business

3. Mailing Address

7840 Woodland Center Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

4. FEI Number

06-1345091

Applied For

Not Applicable

Zip

Country

33614**USA**

Zip

Country

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****C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|----------------------------|--------------------|--|-------|------------------|----------------------------|-----------------|--|--|
| S | EDDY, PAUL | ONE TOWER SQUARE | HARTFORD CT | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| V | GUERTIN, WENDY | 13202 MORAN DRIVE | TAMPA FL 33618 | <input type="checkbox"/> Delete | V | GUERTIN, WENDY | 7840 Woodland Center Blvd. | Tampa, FL 33614 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TD | DEMBO, DAVID B. | 4890 W. KENNEDY BLVD. | TAMPA FL 33609 | <input checked="" type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| VD | GRINER, DAVID H. | 7840 WOODLAND CENTER BLVD. | TAMPA FL 33614 | <input type="checkbox"/> Delete | PD | GRINER, DAVID H. | 7840 Woodland Center Blvd. | Tampa, FL 33614 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| P | HURST, H. PEYTON JR. | 100 TECHNOLOGY PKWY | LAKE MARY FL 32746 | <input checked="" type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | CD | BAILY, NANCY L. | 7840 Woodland Center Blvd. | Tampa, FL 33614 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |

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:**P. EDDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Paul H. Eddy****3/9/00**

Date

860 277-3536

Daytime Phone #

CR2E034 (9/99)

Attach.
C0037964
#V41766

**2000 UNIFORM BUSINESS REPORT (UBR)
COUNTERSIGNATURE AGENCY, INC.**

11. (continued)

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
HILL, JOHN S.
7840 Woodland Center Blvd.
Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FALCIONE, PAMELA A.
7840 Woodland Center Blvd.
Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
LEBENS, JOHN
7840 Woodland Center Blvd.
Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
RYAN, GEORGE A.
One Tower Square
Hartford, CT 06183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
CHAMBERLAIN, CHARLES B.
One Tower Square
Hartford, CT 06183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
QUAGGIN, JR., GEORGE M.
One Tower Square
Hartford, CT 06183