

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90424 007 \*\*\*150.00

**DOCUMENT # V41766**

1. Entity Name

**COUNTERSIGNATURE AGENCY, INC.**

Principal Place of Business

**7840 WOODLAND CENTER BLVD.  
TAMPA FL 33614  
US**

Mailing Address

**P.O. BOX 30094  
TAMPA FL 33630-3094  
US**

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

**06-1345091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EDDY, PAUL ONE TOWER SQUARE HARTFORD CT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUERTIN, WENDY 7840 WOODLAND CENTER BLVD TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BAILY, NANCY L 7840 WOODLAND CENTER BLVD TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRINER, DAVID H. 7840 WOODLAND CENTER BLVD. TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HILL, JOHN S 7840 WOODLAND CENTER BLVD. TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEBENS, JOHN 7840 WOODLAND CENTER BLVD. TAMPA FL 33614</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

*Paul H. Eddy* **Paul H. Eddy, Secretary**

**4/11/02**

**860 277-3536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

# Attachment

## 2002 UNIFORM BUSINESS REPORT (UBR)

### COUNTERSIGNATURE AGENCY, INC.

DOCUMENT #V41766

775194

11. (continued)

#### OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
CONE, PERRY I.  
7840 Woodland Center Blvd  
Tampa, FL 33614