

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90003 011 \*\*\*150.00

DOCUMENT # <b>492909</b>					
1. Entity Name <b>HAGGERTY + SONS INSURANCE AGENCY, INC</b>					
Principal Place of Business <b>11288 202ND AVENUE NW ELK RIVER, MN 55330</b>		Mailing Address <b>SAME</b>		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>11288 202ND AVENUE NW</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ELK RIVER MN</b>		City & State		4. FEI Number <b>59-1642227</b>	
Zip <b>55330</b>		Country <b>SHENKURNE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GLENN ROBERT HAGGERTY JR 101 N. Federal Hwy, Suite B Boca Raton, FL 33432</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State <b>FL</b>		
Zip Code			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					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)					
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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>PRESIDENT + DIRECTOR GLENN ROBERT HAGGERTY JR 11288 202 AVENUE NW ELK RIVER, MN 55330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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 lists empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>GLENN ROBERT HAGGERTY JR Pres</b>		Date <b>7/3/01</b> Daytime Phone # <b>763-241-0642</b>	

CR2E034 (11/00)