

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90029

1. Entity Name
INDEMNITY CONCEPTS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90050 049 ***150.00

Principal Place of Business 2330 SE 52 ST OCALA FL 34480 US	Mailing Address P.O. BOX 4771 OCALA FL 34478-4771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2917 LIVINGSTON RD Suite, Apt. #, etc. STE 202 City & State TALLAHASSEE FL Zip 32303 Country LEON	3. Mailing Address P.O. Box 14122 Suite, Apt. #, etc. City & State TALLAHASSEE FL Zip 32317-4122 Country LEON
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4. FEI Number 59-3100358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOE
2330 SE 52 ST
OCALA FL 34480

7. Name and Address of New Registered Agent

Name SAAK TAYLOR
Street Address (P.O. Box Number is Not Acceptable) 2917 LIVINGSTON RD
Suite, Apt. #, etc. STE 202
City TALLAHASSEE FL Zip 32303

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: 4/14/2000

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: P NAME: TAYLOR, SAAK STREET ADDRESS: P.O. BOX 4771 CITY-ST-ZIP: Ocala FL 34478	<input type="checkbox"/> Delete
TITLE: VP NAME: TAYLOR, SAAK STREET ADDRESS: P.O. BOX 4771 CITY-ST-ZIP: Ocala FL 34478	<input type="checkbox"/> Delete
TITLE: ST NAME: TAYLOR, SAAK STREET ADDRESS: P.O. BOX 4771 CITY-ST-ZIP: Ocala FL 34478	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SAAK TAYLOR STREET ADDRESS: PO BOX 14122 CITY-ST-ZIP: TALLAHASSEE FL 32317-4122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SAAK TAYLOR STREET ADDRESS: PO BOX 14122 CITY-ST-ZIP: TALLAHASSEE FL 32317-4122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SAAK TAYLOR STREET ADDRESS: PO BOX 14122 CITY-ST-ZIP: TALLAHASSEE FL 32317-4122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Date: 4/14/2000 Daytime Phone #: (850) 562-2599

CR2E034 (9/99)