2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 106994

1. Entity Name

PAUL FERRARO INSURANCE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90006 011 ***158.75

Principal Place of Business	Mailing Address
536 E. TARPON AVE TARPON SPRINGS FL 34689	536 E. TARPON AVE TARPON SPRINGS FLA 34689-4344

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		536 E. Tarpon Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2	
City & State		City & State Tarpon Springs, FL	
Zip	Country	Zip 34689	Country

4. FEI Number 59-0159310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, PAUL V
536 E. TARPON AVE
TARPON SPRINGS, FL
34689

7. Name and Address of New Registered Agent

Name Paul V. Ferraro
Street Address (P.O. Box Number is Not Acceptable) 536 E. Tarpon Ave, Suite 2
City Tarpon Springs FL Zip Code 34689

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 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	PDST FERRARO, PAUL V 536 E. TARPON AVE TARPON SPRINGS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] PAUL V. FERRARO 3/23/00 727/937-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #