2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90016 031 ***150.00

DOCUMENT # **610206**

1. Entity Name
ALL LINES INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
4828 BLANDING BLVD. JACKSONVILLE FL 32210-7329	PO BOX 7339 JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4828 Blanding Blvd		P.O. Box 7339	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, Fl		City & State: Jacksonville, Fl	
Zip: 32210	Country: USA	Zip: 32210	Country: USA

4. FEI Number: 59-1878884 ☐ Applied For ☐ Not Applicable

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
FARHAT, OMAR 4828 BLANDING BLVD JACKSONVILLE FL 32210	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	PD FARHAT, OMAR 4600 CONFEDERATE OAKS DR JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4828 Blanding Blvd Jacksonville, Fl 32210 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARHAT, JANAN 4600 CONFEDERATE OAKS DR JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4828 Blanding Blvd. Jacksonville, Fl 32210 ☒ Change ☐ Addition
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CR2E034 (9/01)

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] 01/04/02 904 384 0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #