

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G10006** (6)

1. Corporation Name

UNIVERSAL INSURANCE AGENCY, INC.

Principal Place of Business

**7751 BELFORT PKWY #180
JACKSONVILLE FL 32256**

Mailing Address

**7751 BELFORT PKWY #180
JACKSONVILLE FL 32256**

FILED
Mar 04, 1996 08:00 AM
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1982		3a. Date of Last Report 03/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2251989		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C.
4655 SALISBURY RD. #390
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd
83 Building 100, Suite 200
84 City **Jacksonville** FL 85 Zip Code **32256**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	ROMITA, ROCCO			1.2 NAME			
STREET ADDRESS	2392 COVINGTON CRK CIR E			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	ROMITA, JOAN			2.2 NAME			
STREET ADDRESS	2392 COVINGTON CRK CIR E			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	SMALL, ROBERT			3.2 NAME			
STREET ADDRESS	3801 CROWN POINT #2114			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Joan Romita

Joan Romita, Pres

3/1/96

904-281-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)