## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G10006

1. Corporation Name

UNIVERSAL INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90258 040 \*\*\*150.00



	ring Glen Rd #50/	23F PEF 3F PE	We Gren	Ka	#307				
IACKSONVILLE		JACKSONVILLE FL		207	•				
	3		•			DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualifed 10/18/1982			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
_	Spring Glen Rd	26 3115 Spring Glen Rd			kd	59-2251989		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired	\$8.7	5 Additional	
507	.,	<sub>27</sub> 507				5. Certificate of Status Desired	Fee	Required	
City & State	e	City & State				6, Election Campaign Financing	\$5.0	0 May Be	
Jacksonville Fl		28 Jacksonville Fl				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes the current year Intai	ngible	_	
32207	7 25 USA	29 32207	30	USA_		Tersonal Froperty Tax:	☐ Yes	No	
JELO	9. Name and Address of Current					10. Name and Address of New Registered A	gent		
				81	Name			Ì	
	gler, steven c.		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
217	Ponte vedra park drive				Juect Au	oress (1.5. box remost is that the supplies of			
BUILDING 100 SUITE 200				83					
PONTE VEDRA BEACH FL 32082				-	84 City 85 Zip Co			ip Code	
				84	City	FL	83  -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florid	la Statutes, th	e above	e-named co	rporation submits this statement for the purpose of c	hanging	its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such chanc	ie was autnori	izea by	the corpora	tion's board of directors. I hereby accept the appoint	tment as	registered	
agent. i a	m (amiliar with, and accept the obligation	oris di, decilori dor .o	obos, i londa c	Judio	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE Regist	tered Ager	nt signature requ	ired when reinstating) DATE			
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	PD	☐ DE	LETE 1	,1 TITLE		VP	☐ Chan	ge 🔀 Addition	
NAME	ROMITA, JOAN		1	2 NAME		CROMARTIE, RICHARD STEPHEN		İ	
STREET ADDRESS								I	
O MELLI MEDINEGO	i 2392 Covington CRK CIR E		1	1.3 STREE	TADDRESS	5120 Harrow Rd			
CITY ST. ZID					1	5120 Harrow Rd Jacksonville F1 32217			
CITY-ST-ZIP	JACKSONVILLE FL		1	1.3 STREE 1.4 CITY+\$ 2.1 TITLE	1	5120 Harrow Rd	☐ Chang	ge Addition	
TITLE	JACKSONVILLE FL VP	☐ DE	1 ELETE 2	.4 CITY-S	1	5120 Harrow Rd	Chang	ge Addition	
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14. 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 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, with all other like empowered.