

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90059 014 \*\*\*158.75

**DOCUMENT # L13837**  
 1. Entity Name  
**ALL STAR INSURANCE, BRANDON, INC.**

Principal Place of Business      Mailing Address  
 126 E BRANDON BLVD      126 E BRANDON BLVD  
 BRANDON FL 33510      BRANDON FL 33511-5274  
 US      US

**MOVED**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**113 E. BRANDON BLVD**      **113 E. BRANDON BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 J      J

City & State      City & State  
**BRANDON FL 33511**      **BRANDON FL 33511**

4. FEI Number      Applied For  
**65-0737333**      Not Applicable

Zip      Country      Zip      Country  
**33511**      **HILLS.**      **33511**      **HILLS.**

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PANICO, BLAINE**  
**126 E. BRANDON BLVD.**  
**BRANDON FL 33510**

7. Name and Address of New Registered Agent  
 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 **F. BLAINE PANICO**      DATE **1-17-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

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	<b>PTD</b> <b>PANICO, BLAINE</b> <b>126 E BRANDON BLVD</b> <b>BRANDON FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>DUNCAN, CRAIG</b> <b>126 E BRANDON BLVD</b> <b>BRANDON FL 33510</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **[Signature]**      Date **1-17-00**      Daytime Phone # **(813)689-7767**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)