2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000053354 DOCUMENT

1. Entity Name

INSURANCE BY CINDY, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90123 037 ***150.00

			GG NE INC	/
Principal Place of Business 6283 109TH TERRACE NORTH PINELLAS PARK FL 33782		Mailing Address 6283 109TH TERRACE PINELLAS PARK FL 33		1 1881/1887 FIL 887/1 887/1 887/1 887/1 887/1 887/1 887/1 887/1 801/1 80
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-5645840 Applied For
Zip	Country	Zip	Country	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
WOODW	Orth, Shawn M		Name	. Name and Address of New Registered Agent
1909 DORMICONE CIRCLE N			Street Address	s (P.O. Box Number is Not Acceptable)
SAINT PE	etersburg 🖟 33710			
1,			City	FL Zip Code
the obligate	onamed entity submits this statement for tions of registered agent. Signature, typed or philipid name of registered agent a	will	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept 1000000000000000000000000000000000000
Afte	ILE NOW!!! FRE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	3 OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	PSTD MODESITT, CINDY L 6283 109TH TERRACE NORTH PINELLAS PARK FL 33772	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME Street Adoress City-St-Zip		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Ĉhange ☐ Additlon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	` ☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
2. I hereby ce	ertify that the information supplied with the	nis filing does not qualify for	the exemption stated in Se	ection 119 07(3)(i) Florida Statutes 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: