2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000004883 **DOCUMENT#**

1. Entity Name

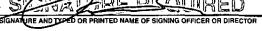
FLORIDA MUTUAL INSURANCE AGENCY INC.



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90174 023 ***150.00

Principal Place of Business 416 EAST SAMPLE ROAD POMPANO BEACH FL 33064				Mailing Address 416 EAST SAMPLE ROAD POMPANO BEACH FL 33064								
2. Principal Place of Business				3. Mailing Address					idir aasid sa si	 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	65-0365698	Number 65-0365698 Applied F Not Applied F Not Applied F			
Zip	Country			Zip Coun			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent					
			N	lame					.			
CARDARELLI, PATRICK				00			/D.O. D.	(00 P) N 1 1 1 1 1 1 1 1 1				
416 E SAMPLE ROAD				Street Addre			ress (P.O. B	ox Number is Not Acceptable)			{	
POMPANO BEACH FL 33064				-					"-			
				·					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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan Trust Fund Contribution.	cing		May Be to Fees	
10.		OFFICERS	AND DIRECTO	DIRECTORS 11.			AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	
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12. I hereby o	ertify that the	12. 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.



/o }