2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022972

1. Entity Name

SANDBERGEN INSURANCE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90006 018 ***150.00

Principal Place of Business	Mailing Address
2139 NE COACHMAN ROAD CLEARWATER FL 33765	2139 NE COACHMAN ROAD CLEARWATER FL 33765-2617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2121 N.E. Coachman Road	2121 N.E. Coachman Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33765-2617 / Country	Zip / Country

4. FEI Number 59-3497275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDBERGEN, STEVEN R
~~2139 NE COACHMAN ROAD~~ 2121 N.E. Coachman Road
CLEARWATER FL 33765-2617

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

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

TITLE	D ☐ Delete
NAME	SANDBERGEN, STEVEN R
STREET ADDRESS	~~2139 NE COACHMAN ROAD~~ 2121 NE Coachman Road
CITY-ST-ZIP	CLEARWATER FL 33765-2617
TITLE	D ☐ Delete
NAME	RICHARDSON, GREGORY W
STREET ADDRESS	~~2139 NE COACHMAN ROAD~~ 2121 NE Coachman Road
CITY-ST-ZIP	CLEARWATER FL 33765-2617
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
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CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: Steven Sandbergen 03/03/2000 727/442-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #