## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State P99000014514 DOCUMENT # 1. Entity Name EASTWOOD INSURANCE AGENCY OF FLORIDA, INC. 03-06-2002 90124 028 \*\*\*150.00 Principal Place of Business Mailing Address 20803 N. WEST SECOND AVE 20903 N. WEST SECOND AVE MIAMI FL 33169 **MIAMI FL 33169** US 3. Mailing Address 2. Principal Place of Business Eastwood Insurance Agency Suite, Apt. #, etc. 155 N. Riverview DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State Anaheim Hills 65-0895351 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 92808 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNPHY, JOHN R Street Address (P.O. Box Number is Not Acceptable) BLANK, RIGSBY & MEENAN, P.A. 204 S. MONROE ST. TALAHASSEE FL 32301-. Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Controller ☐ Change Addition CR2E034 (9/01 TITLE TITLE ☐ Delete Feliciano Tabares PARTRIDGE, JUDITH NAME NAME 155 N. Riverview Drive STREET ADDRESS 155 RIVERVIEW DR. STREET ADDRESS Anaheim Hills CA 92808 CITY-ST-ZIP CITY-ST-ZIP **ANAHEIM HILS CA 92808** Addition Delete TITLE TITLE NAME PARTRIDGE, ARTHUR NAME STREET ADDRESS STREET-ADDRESS 155 RIVERVIEW DR CITY-ST-ZIP CITY-ST-ZIP ANAHEIM HILLS CA 92808 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

- Feliciano Tabares

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