2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90030 017 ***150.00

DOCUMENT # P99000049941

1. Entity Name
A PROFESSIONAL INSURANCE AGENCY OF BREVARD, INC.

Principal Place of Business	Mailing Address
~~100 BURNS BLVD~~ ~~INDIAN HARBOUR BEACH FL 32937~~	~~100 BURNS BLVD.~~ ~~INDIAN HARBOUR BEACH FL 32937-4256~~

010104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5005 N. Wickham Rd.	5005 N. Wickham Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32940 Country: Brevard	Zip: 32940 Country: Brevard

4. FEI Number: 59-3576889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 SOUTH HARBOR CITY BLVD.,STE.505
MELBOURNE FL 32901

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, ROBERT F 478 E. EAU GALLIE CAUSEWAY INDIAN HARBOUR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Cherri Seyforth, Sec Cherri Seyforth, Sec 2-14-00 321-751-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #