

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000049941

FILED
Jan 16, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

5005 N WICKHAM RD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

5005 N WICKHAM RD
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3576889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOFFMAN, ROBERT F
Address: 478 E. EAU GALLIE CAUSEWAY
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: S () Delete
Name: HOFFMAN, CHERRI
Address: 478 E. EAU GALLIE CAUSEWAY
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOFFMAN, ROBERT F
Address: 2410 SEA AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: S (X) Change () Addition
Name: HOFFMAN, CHERRI
Address: 2410 SEA AVE
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F HOFFMAN

O/D

01/16/2002

Electronic Signature of Signing Officer or Director

Date