2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # **S46994** 1. Entity Name 05-17-2001 91071 011 ***150.00 BRANCATO INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 1115 ROYAL PALM BEACH BLVD 1115 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411-1641 SUITE 5 ROYAL PALM BEACH FL 33411-1641 115 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0259385 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agen Name and Address of New Registered Agent BRANCATO, JOHN S. 104 SQUIRE DR. WELLINGTON FL 33414 8. The above named entity submits this statement for the purpose of changing its registered office or registered age both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Change TITLE NAME BRANCATO, JOHN S. NAME STREET ADDRESS STREET ADORESS 104 SQUIRE DR. CITY-SY-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition Delete TITLE TITLE NAME BRANCATO, JUDITH M. STREET ADDRESS STREET ADORESS 104 SQUIRE DR. CITY-ST-ZIP CITY-ST-7IP WELLINGTON FL 33414 ☐ Change ☐ Addition TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED

A0069391 7736

	460643
	Department of State,
	
	John S. Biancato president 4
	owner of Brancato Ins. agency Inc.
	Passid away april so 2008. He
	had a very long hard battle with
	cancel.
	I I am a few days late in
. 5	Joinding this in Jack that
	du to ou situation will you
	please still accept as if we were
	not lott.
	1 thank law on much law
<u> </u>	you kind attention.
	- gow kind outside.
	Qudie M. Brancolo
	104 Squir DR Wellington 71.33414
•	71- 4
	561798-6694
`	
·	The second secon

· · · · · · · · · · · · · · · · · · ·	
	
	
-	
_ }	
	