2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60572

1. Entity Name
DENNIS INSURANCE AGENCY,INC. DBA
AFFORDABLE INSURANCE OF NORTH TAMPA

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90049 044 ***150.00

C0084159

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19209 N. HWY. 41 LUTZ, FL. 33549	19209 N. HWY. 41 LUTZ, FL. 33549

2. Principal Place of Business	3. Mailing Address
19209 N. HWY. 41	19209 N.HWY. 41
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FL. 33549	City & State: LUTZ, FL. 33549
Zip / Country	Zip / Country

4. FEI Number 59-3453285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNIS, RALPH E., SR.
19209 N. HWY. 41
LUTZ, FL.33549

7. Name and Address of New Registered Agent

Name DENNIS, RALPH E.,SSR.
Street Address (P.O. Box Number is Not Acceptable) 19209 N. HWY. 41
City LUTZ **FL** Zip Code 33549

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 RALPH E. DENNIS SR. Ralph E. Dennis Sr. 4-19-00
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	PVT DENNIS, RALPH E., SR. 19209 N. HWY. 41 LUTZ, FL. 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DENNIS, RALPH E., SR. 19209 N. HWY. 41 LUTZ, FL. 33549	☐ 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: Ralph E. Dennis Sr. RALPH E. DENNIS SR. 4-19-00 813-949-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #