

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90864 036 ***150.00

DOCUMENT # S60572

1. Entity Name

DENNIS INSURANCE AGENCY, INC.

Principal Place of Business

**19209 NORTH HIGHWAY 41
 LUTZ FL 33549
 US**

Mailing Address

**19209 NORTH HIGHWAY 41
 LUTZ FL 33549
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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 NORTH HIGHWAY 41
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **J. Thomas Trask**
 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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2002

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, 2002 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

TITLE **PT** ☒ Delete
 NAME **DENNIS, RALPH E., SR.**
 STREET ADDRESS **19209 NORTH HIGHWAY 41**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **SD** ☒ Delete
 NAME **DENNIS, RALPH E., SR.**
 STREET ADDRESS **19209 NORTH HIGHWAY 41**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ Delete
 NAME **TRASK, THOMAS**
 STREET ADDRESS **19209 N HWY 41**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Melanie Trask**
 STREET ADDRESS **19209 North Highway 41**
 CITY-ST-ZIP **Lutz FL 33549**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dennis Trask**
 STREET ADDRESS **19209 North Highway 41**
 CITY-ST-ZIP **Lutz FL 33549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2002
 Date

813-949-6480
 Daytime Phone #

CR2E034 (9/01)