

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
 03-04-2002 90026 043 ***150.00

DOCUMENT # 454934

1. Entity Name
RONLEE INSURANCE CENTER, INC.

Principal Place of Business

Mailing Address

~~SUITE E, 5303 E. COLONIAL DRIVE~~
~~ORLANDO FL 32807~~

~~SUITE E, 5303 E. COLONIAL DRIVE~~
~~ORLANDO FL 32807~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5003 Old Cheney Hwy

5003 Old Cheney Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-1532807

Applied For
 Not Applicable

Zip
32807

County
ORANGE

Zip
32807

County
ORANGE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, LORENE M
~~5303 E. COLONIAL DR.~~
~~STE E~~
~~ORLANDO FL 32807~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5003 Old Cheney Hwy

City

Orlando

FL

Zip Code

32807

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

Lorene M. Williams, Pres 2/20/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PT
NAME
WILLIAMS, LORENE M.
STREET ADDRESS
2511 TETON STONE RUN
CITY-ST-ZIP
ORLANDO FL 32828

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VS
NAME
KEENE, CATHELENE J
STREET ADDRESS
3831 DALLAS BLVD.
CITY-ST-ZIP
ORLANDO FL 32833

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorene M. Williams Pres. 2/20/02

Date

Daytime Phone #

CR2E034 (9/01)