

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 004 ***150.00

DOCUMENT # 469080

1. Entity Name

SERVICE INSURANCE AGENCY, INC.

Principal Place of Business

1615 SE 47TH TERRACE
 PO BOX 99
 CAPE CORAL FL 33910

Mailing Address

1615 SE 47TH TERRACE
 PO BOX 99
 CAPE CORAL FL 33910-0029

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1569140

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROOSA, RICHARD V S
1714 CAPE CORAL PARKWAY, PO BOX 535
CAPE CORAL, FLORIDA
33904

Name

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

City

FL

Zip Code

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRICKNER, JOSEPH C	
STREET ADDRESS	4506 S.W. 24TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRICKNER, JANET C	
STREET ADDRESS	518 SW 52 STREET	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VD, SEC. 1. TREAS.	<input type="checkbox"/> Delete
NAME	BRICKNER, PAULA	
STREET ADDRESS	4506 SW 24TH AVE	
CITY-ST-ZIP	CAPE CORAL, F 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paula D. Brickner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000 (941) 542-1533

CR2E034 (9/99)