

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90086 043 \*\*\*150.00

**DOCUMENT # 558232**

1. Entity Name  
**BILL GAGE INSURANCE AGENCY, INC.**



Principal Place of Business  
**14000 SW 83 ST  
MIAMI FL 33183  
US**

Mailing Address  
**14000 SW 83 ST  
MIAMI FL 33183  
US**



2. Principal Place of Business

**1187 MOTOR COACH DRIVE**

Suite, Apt. #, etc.

**MOUNT OLIVE SHORES NORTH**

City & State

**POLK CITY FLORIDA**

Zip

**33868**

Country

**USA**

3. Mailing Address

**1187 MOTOR COACH DRIVE**

Suite, Apt. #, etc.

**MOUNT OLIVE SHORES NORTH**

City & State

**POLK CITY FLORIDA**

Zip

**33868**

Country

**U.S.A.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-1817574**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAGE, BILL E**

**14000 SW 83 ST**

**MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name **GAGE, BILL E**

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

**1187 MOTOR COACH DRIVE**

**MOUNT OLIVE SHORES NORTH**

City **POLK CITY**

FL

Zip Code

**33868**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bill E. Gage*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete

NAME **GAGE, M MARIE**

STREET ADDRESS **14000 S W 83 ST**

CITY-ST-ZIP **MIAMI, FL 33183**

*Change address only*

TITLE **D** ☐ Delete

NAME **GAGE, BILL E**

STREET ADDRESS **14000 S W 83 ST**

CITY-ST-ZIP **MIAMI, FL 33183**

*Change address only*

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **1187 MOTOR COACH DRIVE** ☒ Change ☐ Addition

NAME **MOUNT OLIVE SHORES NORTH**

STREET ADDRESS **POLK CITY, FL 33868**

CITY-ST-ZIP

TITLE **1187 MOTOR COACH DRIVE** ☒ Change ☐ Addition

NAME **MOUNT OLIVE SHORES NORTH**

STREET ADDRESS **POLK CITY, FL 33868**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Marie Gage*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-4-03 305-387-0648*

Date

Daytime Phone #

CR2E034 (10/02)