

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570044

1. Entity Name

BUDGET INSURANCE AGENCY, INC.

Principal Place of Business

% WILLIAM R. WINKLER
618 N. BUMBY AVE.
ORLANDO FL 32803

Mailing Address

% WILLIAM R. WINKLER
618 N. BUMBY AVE.
ORLANDO FL 32803

2. Principal Place of Business

618 N. Bumby AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL. FL.

City & State

4. FEI Number

59-1829504

Applied For

Not Applicable

Zip

32803

Country

ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINKLER, WILLIAM R
618 N. BUMBY AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Anthony Coscia

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

618 North Bumby Ave

City

Orlando FL. 32803

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)

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, 2001 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

T ☐ Delete
NAME WINKLER, WILLIAM R.
STREET ADDRESS 618 N. BUMBY AVE.
CITY-ST-ZIP ORLANDO FL

P ☐ Delete
NAME PAIGE, FELIX
STREET ADDRESS 938 BROADWAY
CITY-ST-ZIP SOUTH BOSTON MA

S ☐ Delete
NAME COSCIA, RALPH
STREET ADDRESS 5268 LIDO ST
CITY-ST-ZIP ORLANDO FL

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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

RALPH COSCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

407-896-3811

Daytime Phone #

CR2E034 (10/00)

0062487

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90028 045 ***150.00

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DO NOT WRITE IN THIS SPACE