

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90141 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #573559 1. Entity Name COMMERCIAL INSURANCE OF CENTRAL FLORIDA, INC.																																																																																																																																											
Principal Place of Business 2310 A-Z PARK ROAD P O DRAWER 988 LAKELAND, FL 33802-0988			Mailing Address 2310 A-Z PARK ROAD P O DRAWER 988 LAKELAND, FL 33802-0988																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																								
City & State			City & State																																																																																																																																								
Zip		Country		Zip																																																																																																																																							
4. FEI Number 59-1838330				Applied For ☐ Not Applicable																																																																																																																																							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																							
6. Name and Address of Current Registered Agent HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																							
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 _____ DATE _____ Signature, typed or printed name of registered agent and first 2 applicants. (MORE Registered Agents to be named reported within 30 days.)																																																																																																																																							
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees																																																																																																																																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 407, 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:				Ricky T. Hodges 4/28/03 863-665-6060																																																																																																																																							

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☐ CHECK HERE IF MAKING CHANGES

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