

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90065 003 ***150.00

DOCUMENT # 634222

1. Entity Name
D. C. SABIN AGENCY, INC.

Principal Place of Business

P.O. BOX 536666
ORLANDO FL 32853-6666

Mailing Address

P.O. BOX 536666
ORLANDO FL 32853-6666

2. Principal Place of Business

P.O. Box 180837

3. Mailing Address

P.O. Box 180837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry FL 32718

City & State

Casselberry FL 32718

Zip

32718

Country

Zip

32718

Country

4. FEI Number

59-1939035

Applied For

Not Applicable

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

SABIN, DONALD C
943 N. FERNCREEK AVENUE
ORLANDO FL 32803

Name

Sabin, Donald C

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

310 Concord Drive

City

Casselberry

FL

Zip Code

32707

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

Donald C Sabin

Donald C Sabin
President

4/29/2002

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, 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 **P** ☐ Delete
NAME **SABIN, DONALD C**
STREET ADDRESS **943 N. FERNCREEK AVE.**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **P** ☐ Change ☐ Addition
NAME **SABIN, DONALD C**
STREET ADDRESS **310 Concord Drive**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Donald C Sabin
Donald C Sabin
President

4/29/2002 407-339-0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)