

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 669566

1. Entity Name

PETER J. RILLO INSURANCE AGENCY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 011 ***150.00

Principal Place of Business
 4671 UNIVERSITY DR.
 C/O PETER J. RILLO
 CORAL SPRINGS FL 33067

Mailing Address
 4671 UNIVERSITY DR.
 C/O PETER J. RILLO
 CORAL SPRINGS FL 33067-4620

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2017325**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RILLO, PETER J.
3300 UNIVERSITY DRIVE
SUITE 602
CORAL SPRINGS FL 33065

*Address
 connection only*

7. Name and Address of New Registered Agent

Name *Peter J. Rillo*

Street Address (P.O. Box Number is Not Acceptable)
4671 UNIVERSITY DR.

City *CORAL SPRINGS* **FL** Zip Code *33067*

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 *Peter J. Rillo*

(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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RILLO, PETER J. 3300 UNIVERSITY DR. CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RILLO, PETER J. 4671 N. UNIVERSITY DR. CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter J. Rillo* **Peter J. Rillo** *05-01-00* *954-753*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/99)