

2001 UNIFORM BUSINESS REPORT (UBR)

0012264 AF

DOCUMENT # A00000000929

1. Entity Name

ALL AMERICAN INSURANCE OF MARION COUNTY, LTD.

FILED

01 JUN 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2119 S.E. FORT KING STREET
OCALA FL 34471

2119 S.E. FORT KING STREET
OCALA FL 34471

2. Principal Place of Business

1724 SE 17TH AVE

3. Mailing Address

1724 SE 17TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34471

Country
MARION

Zip
34471

Country
MARION

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

ELLISON, DENVER L
2226 EAST SILVER SPRINGS BLVD
OCALA FL 34470

Name

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

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)

DATE

9. Capital Contributions
as Shown on record. 25,000

10. Amount of Capital Contributions
in FLORIDA to date. 41,250.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 613723
NAME LOSSING INSURANCE AGENCY INC
STREET ADDRESS 2118 S.E. FORT KING STREET
CITY-ST-ZIP Ocala FL

STREET ADDRESS 1724 SE 17TH AVE
CITY-ST-ZIP Ocala FL 34471

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)