

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F57554**

1. Entity Name

**A+ INSURANCE AGENCY, INC.**

**FILED**  
**Jan 07, 2002 8:00 am**  
**Secretary of State**

01-07-2002 90012 006 \*\*\*150.00

0454635 AV

Principal Place of Business  
**2141 DREW ST**  
**P. O. BOX 4870**  
**CLEARWATER FL 33758-4870**  
**US**

Mailing Address  
**2141 DREW ST**  
**P. O. BOX 4870**  
**CLEARWATER FL 33758-4870**  
**US**

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

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

City & State

City & State

4. FEI Number **59-2042076**

Applied For  
Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**KING, LEE R**  
**2425 HARN BLVD.**  
**CLEARWATER FL 33764**

## 7. Name and Address of New Registered Agent

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. 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

TITLE **P**  
NAME **KING, LEE R.**  
STREET ADDRESS **2425 HARN BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33764**

☐ Delete

TITLE **VS**  
NAME **KING, PAULINE E.**  
STREET ADDRESS **2425 HARN BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33764**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

CR2034 (9/01)