

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58105

1. Entity Name

DOMINIQUE INSURANCE AGENCY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90060 007 ***150.00

Principal Place of Business

% EUGENE E DOMINIQUE
13500 N KENDALL DR STE 294
MIAMI FL 33186

Mailing Address

% EUGENE E DOMINIQUE
13500 N KENDALL DR STE 294
MIAMI FL 34219-9299

2. Principal Place of Business

2309 Little Country Rd.

3. Mailing Address

2309 Little Country Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish, Fl.

City & State

Parrish, Fl.

4. FEI Number

59-2153602

Applied For

Not Applicable

Zip

34219

Country

Manatee

Zip

34219

Country

Manatee

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

DOMINIQUE, EUGENE
13500 N KENDALL DR STE 294
MIAMI FL 33186

Name

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

2309 Little Country Road

City

Parrish

FL

Zip Code

34219-9299

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 EUGENE DOMINIQUE

Signature, typed or printed name of registered agent and title if applicable.

Eugene Dominique

(NOTE: Registered Agent signature required when reinstating)

2/7/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINIQUE, PATRICIA	
STREET ADDRESS	13500 N KENDALL DR 294	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINIQUE, EUGENE E	
STREET ADDRESS	13500 N KENDALL DR 294	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	address change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2309 Little Country Rd.	
CITY-ST-ZIP	Parrish, Fl. 34219-9299	
TITLE	address change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2309 Little Country Rd.	
CITY-ST-ZIP	Parrish, Fl. 34219-9299	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: EUGENE DOMINIQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

(941) 776-1699

Daytime Phone #

CR2E034 (9/99)