

# 2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68418

1. Entity Name

MID FLORIDA INSURANCE SERVICES, INC.

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90007 034 \*\*\*150.00

0056122

Principal Place of Business Mailing Address  
1299 HOWELL BRANCH RD. 1299 HOWELL BRANCH RD.  
WINTER PARK FL 32789 WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2169952 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DETOMA, ROCCO  
1299 HOWELL BRANCH  
WINTER PARK FL 32789

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	<input type="checkbox"/> Delete
NAME	DETOMA, ROCCO	
STREET ADDRESS	2290 TUSCARORA TR	
CITY-ST-ZIP	MAITLAND, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DETOMA, ANTONIETTA	
STREET ADDRESS	2290 TUSCARORA TR	
CITY-ST-ZIP	MAITLAND, FL 00000	
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		<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		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-01 4071629 3489

CR2E034 (10/00)



attachment  
# F68418  
B0060918

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 18, 2001

MID FLORIDA INSURANCE SERVICES, INC.  
1299 HOWELL BRANCH RD.  
WINTER PARK, FL 32789

SUBJECT: MID FLORIDA INSURANCE SERVICES, INC. 1st notice 2001 ubr  
Ref. Number: F68418

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report **has not been filed** and a copy is being returned for the following:

Please be more specific and detailed in your letter in order for our office to consider waving the late fees regarding this corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather  
Document Specialist

Letter Number: 101A00042026

*see attached*

**MID-FLORIDA INSURANCE SERVICE, INC.**

1299 Howell Branch Rd., Winter Park, Florida 32789

*attach memo  
of F68418  
80060918  
(407) 629-5489*

July 25, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6397  
Tallahassee, FL 32314

RE: Corp. # F68418

Gentlemen,

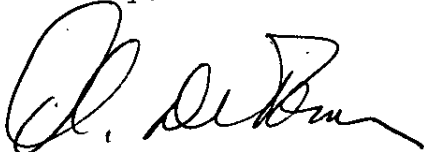
Please, accept the enclosed check for \$150.00 for the filing fee. We have been in business in Florida for 19 years and we have never been late in filing.

This year has been very hectic. My husband missed two weeks of work (he is the principal agent of the agency) because of illness from April 16 to April 30. During the early part of May, our daughter who lives out of town, came home for 1 week with her dog and upset our schedule for work and home. During that time I got behind on some of my bills. It was when I received the first reminder from your office that I realized that I had missed the deadline for filing (May 1, 2001).

As I explained in my previous letter, since we have always filed on time, I would appreciate your understanding and hopefully your waving the late charges. I do appreciate very much your helpful consideration that is expressed everytime I call your office.

Thank you very much for help.

Sincerely,



Antonietta DeToma

ENCL