

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0568247

05-16-2001 90222 047 \*\*\*150.00

**DOCUMENT # F95000002986**

1. Entity Name

**CONSOLIDATED INSURANCE MARKETING INCORPORATED**

Principal Place of Business

13358 MANCHESTER ROAD  
 ST LOUIS MO 63131

Mailing Address

13358 MANCHESTER ROAD  
 ST LOUIS MO 63131

766204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1679065**

Applied For

Not Applicable

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

**OSBORNE, CHARLES**  
**501 FIRST AVENUE NORTH**  
**STE 400**  
**SAINT PETERSBURG FL 33701**

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

*Charles Osborne / pw Charles Osborne*

*4/30/01*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, CHARLES	
STREET ADDRESS	6113 COGNAC CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETTY JR, CARL	
STREET ADDRESS	830 GREENWICH GREEN LN	
CITY-ST-ZIP	TOWN AND COUNTRY MO 63017	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYNDA, BEVERLEY	
STREET ADDRESS	2735 TOWNE OAKS DRIVE	
CITY-ST-ZIP	ST LOUIS MO 63129	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, LARRY G	
STREET ADDRESS	6124 CLIFTON OAKS PLACE	
CITY-ST-ZIP	ST LOUIS MO 63129	
TITLE	V	<input type="checkbox"/> Delete
NAME	RITTINGER, ERWIN	
STREET ADDRESS	2785 SUN MEADOW DRIVE	
CITY-ST-ZIP	WILDWOOD MO 63005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Br D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osborne, Charles	
STREET ADDRESS	19122 Chemille Drive	
CITY-ST-ZIP	Lutz, FL 33549	
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:

*Larry Cook* Larry Cook

*4/30/01*

*314 965-5675*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)