

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G44461**

1. Entity Name
THE INSURANCE SHOP OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2281 E MICHIGAN ST
ORLANDO FL 32806**

Mailing Address

**2281 E MICHIGAN ST
ORLANDO FL 32806**

2. Principal Place of Business

871 DOUGLAS AVE

3. Mailing Address

871 DOUGLAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

FEI Number **59-2295750**

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, MARY THERESE
2281 E. MICHIGAN ST.
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **MICHAEL D. SIHLE**

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

871 DOUGLAS AVE

City **ALTAMONTE SPRINGS**

FL

Zip Code

32714

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8-28-01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DP**
NAME **ALLEN, MARY THERESE** ☒ Delete
STREET ADDRESS **2221 LAKESIDE DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **SIHLE, MICHAEL D.**
STREET ADDRESS **871 DOUGLAS AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8-28-01** DAYTIME PHONE # **407-869-0962**

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 047 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)