

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06306

1. Entity Name

TAGS AUTO INSURANCE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90037 026 ***150.00

Principal Place of Business

Mailing Address

5727 CORTEZ RD
STE B
BRADENTON FL 34210
US

P.O. BOX 15212
BRADENTON FL 34280-5212
US

2. Principal Place of Business

3. Mailing Address

4900 MANATEE AVE W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

City & State

BRADENTON

Zip

Country

Zip

Country

34209

MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2428314

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

ROBIN, CLAYTON
5727 CORTEZ RD
STE B
BRADENTON FL 34210

Name

CLAYTON ROBIN

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

4900 MANATEE AVE W.

SUITE 101

City

BRADENTON

FL

Zip Code

34209

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBIN, CLAYTON
STREET ADDRESS 5727 CORTEZ RD
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

TITLE PD
NAME CLAYTON ROBIN
STREET ADDRESS 4900 MANATEE AVE W.
CITY-ST-ZIP BRADENTON FL 34209 ☐ Change ☐ Addition

TITLE ST
NAME MANUEL, ANITAL
STREET ADDRESS 1219 WYNNEWOOD DR.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE ST
NAME ANITA MANUEL
STREET ADDRESS 217 PERUVIAN AVE STE #2
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLAYTON ROBIN 4/24/00 941(794-5710)

CR20004 (04/01)