

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91415 037 ***158.75

0171013 AV

DOCUMENT # K03785

1. Entity Name
SOUTHGATE INSURANCE AGENCY, INC.

Principal Place of Business
**246 N FEDERAL HWY
POMPAÑO BEACH FL 33062**

Mailing Address
**246 N FEDERAL HWY
POMPAÑO BEACH FL 33062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016957

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ASMAR, EDOUARD HANNA
~~246 N FEDERAL HWY~~
POMPAÑO BEACH FL 33062**

Name
APPLEGATE, FRED W. III
Street Address (P.O. Box Number is Not Acceptable)
246 NORTH FEDERAL HWY

City
POMPAÑO BEACH

FL

Zip Code

33062

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.

PRESIDENT

3/18/02

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P ASMAR, EDOUARD H
246 N FEDERAL HWY
POMPAÑO BEACH FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P APPLGATE, FRED W. III
246 NORTH FEDERAL HWY
POMPAÑO BEACH, FL 33062** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STVP APPLGATE, FRED W III
246 N FEDERAL HWY
POMPAÑO BEACH FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STVP ASMAR, EDOUARD H
246 NORTH FEDERAL HIGHWAY
POMPAÑO BEACH, FL 33062** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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]
SIGNATURE/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. APPLGATE III
PRESIDENT**

3/18/2002

Date

954-942-4400

Daytime Phone #

CR2E034 (9/01)