

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90864 033 \*\*\*150.00

**DOCUMENT # K87706**

1. Entity Name  
**ALL INSURANCE, INC.**

Principal Place of Business  
**7211 N. DALE MABRY SUITE 218**  
**SUITE 220**  
**TAMPA FL 33614**  
**US**

Mailing Address  
**7211 N DALE MABRY HWY STE 220**  
**TAMPA FL 33614**  
**US**

00107568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7630 Lutz Lake Fern Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7630 Lutz Lake Fern Rd.**  
 Suite, Apt. #, etc.

City & State  
**Odessa Florida**  
 Zip  
**33556**  
 Country  
**Hillsborough**

City & State  
**Odessa Florida**  
 Zip  
**33556**  
 Country  
**Hillsborough**

4. FEI Number **59-2949462**  
 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

**MCNAIRY, GINA ROCHELLE**  
**7211 N. DALE MABRY SUITE 220**  
**TAMPA FL 33614**

Name **Gina Rochelle McNaury**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7630 Lutz Lake Fern Rd.**  
 City **Odessa** **FL** Zip Code **33556**

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 *Gina R McNaury* **4/29/02**  
 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, 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	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCNAIRY, GINA ROCHELLE</b>			NAME			
STREET ADDRESS	<b>7630 LUTZ LAKE FERN RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ODESSA FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Gina R McNaury* **Gina R. McNaury** **4/29/02** **813-920-6854**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)