

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90067 011 \*\*\*\*\*50.00

**DOCUMENT # L01000004160**

1. Entity Name

**TO INSURE TOTAL SAVINGS, L.L.C.**

Principal Place of Business

**437 SUNDOWN TRAIL  
 CASSELBERRY FL 32718**

Mailing Address

**PO BOX 180241  
 CASSELBERRY FL 32718**

2. Principal Place of Business

**1517 E. Hillcrest**

3. Mailing Address

**P.O. Box 180241**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**CASSELBERRY, FL**

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

4. FEI Number

**59-3726911**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, CRAIG W  
 1527 E. CONCORD STREET  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

**Craig Smalley**

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

**1517 E. Hillcrest**

City

**Orlando**

**FL**

Zip Code

**32803**

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)

**1/23/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **DUNNE, JAMES A**  
 STREET ADDRESS **437 SUNDOWN TRAIL**  
 CITY-ST-ZIP **CASSELBERRY FL 32718**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #