2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033674

GAGLIARDI INSURANCE SERVICES, LLC



FILED Jul 23, 2003 8:00 am Secretary of State

07-23-2003 90038 046 ****50.00

NAME GAGLIARDI, JAMES A NAME STREET ADDRESS CITY-ST-ZIP LARGO FL 99771 CITY-ST-ZIP)				9		
LARGO FL 33771 LARGO FL 33771	Principal Plac	e of Business	Mailing Address		-		
Suite, Apt. #, etc. GHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 1746 3777 Applied For Now Applicable Zip Country Zip Country 5. Certificate of Status Desired 55,00 Additional Fee Required E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCEWEN, DAVID B ESQUIRE 100 FIRST AMENUE SOUTH, #340 ST. PETERSBURG FL 33701 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. \(\text{ and familiar with, and accept the obligations of registered agent.} \) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!! FEE IS \$50.00 MANAGING MEMBERS/MANAGERS 10.				JITE #G	,		
City & State City & State Country Zip Country S. Certificate of Status Desired S. 500 Additional See Address of Current Registered Agent S. Certificate of Status Desired See Address of New Registered Agent Street Address of New Registered Agent Name Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	2. Principal P	Place of Business	3. Mailing Address				
Zip Country Zip Country Sip Country S, Certificate of Status Desired Son Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name System of Country Name 100 FIRST AVENUE SOUTH, #340 ST. PETERSBURG FL 33701 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE System by the deprind name of registered agent with Series Applicable 100 FIRST AVENUE System by the Address (PO. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAKE SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHEET ADDRESS CITY-ST-ZIP Delete ITTLE NAME SHEET ADDRESS CITY-ST-ZIP Delete SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHEET ADDRESS CITY-ST-ZIP Delete SHEET ADDRESS CITY-ST-ZIP Delete SHEET ADDRESS CITY-ST-ZIP Delete SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHEET ADDRESS CITY-ST-ZIP	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAR	(ING CHANGES	ı
Country Zip Country Zip Country S. Certificate of Status Desired \$5,00 Additional Fee Required	City & State City & State				4. FEI Number 77N 02-066377	~→	
MCEWEN, DAND B ESQUIRE 100 FIRST AVENUE SOUTH, #340 ST. PETERSBURG FL 33701 City FL Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed rame of registered speed and too if applicable. PILE NOW!!! FEE IS \$50.00 Make Cheek Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE SIRET ADDRESS CITY-ST-ZIP LARGO FL 99771 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS SIRET ADDRES	Zip	Country	Zip	Country		\$5.00 Add	ditional
MCEWEN, DAVID B ESQUIRE 100 FIRST AVENUE SQUTH, #340 ST. PETERSBURG FL 33701 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Control of privated name of registered agent and to it is spoicable. [NIOTE Registered Agent signature required when reinstaling) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS TITLE NAME GACILARDI, JAMES A 1101 BELCHER ROAD, SUITE #G LARGO FL 99771 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRE		6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Register		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent end title if expirately. REFILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MARE GAGILARDI, JAMES A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP		THE PART THE PERSON	<u> </u>	Name -	<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if explicable. (NOTE Registered Agent signature required when reinstating). DATE	100	FIRST AVENUE SOUTH, #340		Street Addre	iss (P.O. Box Number is Not Acceptable)		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if supplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES Addition	· · · · ·			City		FL Zip Cod	le
Signature, typed or printed name of registered agent and tills if explicable. (NOTE: Registered Agent signature required when reinstating) Part			nt for the purpose of changing i	ts registered office or regi	stered agent, or both, in the State of Florida. I	am familiar with,	and accept
Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM	SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable. (NO	DTE: Registered Agent signature red	quired when reinstating) DA	TE	
TITLE NAME SAGLIARDI, JAMES A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	•		Make Check Paya	ble to Florida Departi	ment of State		
NAME STREET ADDRESS CITY-ST-ZIP LARGO FL 99771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9.	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHANGE	GES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME . STREET ADDRESS	GAGLIARDI, JAMES A 1101 BELCHER ROAD, SUITI		NAME STREET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change	Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	enter and the second of the se	Change	Addition
	TITLE NAME		☐ Delete	TITLE NAME		Change	Addition
		<u> </u>					
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition CHANGE CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition Addition
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
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		ertify that the information supplied	with this filing thes not qualify f		Section 119 07(3)(i) Florida Statutes I further	certify that the in	oformation

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 of the 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 of the 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 of the 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

SIGNATURE:

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #