

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # M71602

1. Entity Name

Authorized Insurance Inc. II

FILED

00 JUN -6 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2250 SR 580

Clearwater, FL 33763

2. Principal Place of Business

2250 SR 580

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

4. FEI Number

592894694

Applied For

Not Applicable

Zip

Country

Zip

Country

33763

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

Carolyn L. Chambers  
4305 Gainsborough Ct.  
Tampa, FL 33624

Name

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 office or registered agent, or both, in the State of Florida.

SIGNATURE Carolyn L. Chambers president

6-10-00

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 P  
NAME Carolyn L. Chambers  
STREET ADDRESS 4305 Gainsborough Ct  
CITY-ST-ZIP Tampa, FL, 33624

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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: Carolyn L. Chambers president

6-10-00 727-791-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 032 19/99

AUTHORIZED INSURANCE, INC.  
2250 SR 580  
CLEARWATER, FL 33763  
727-791-4272

2012  
Attachment  
M-71602

April 29, 2000

Ref: Authorized Insurance, Inc. Formerly known as Chambers Insurance & Bonding.  
Federal ID # 59-3157478

Authorized Insurance, Inc. Formerly known as Apple Insurance, Inc.  
Federal ID #59-2894694

Certified Mail Item # Z 174 212 229

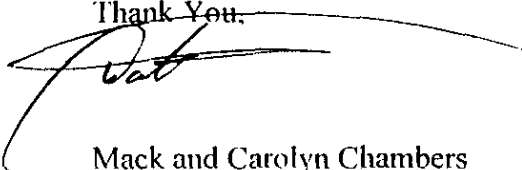
To Whom it may concern,

We have attempted on two different occasions to notify you of our new address for the above Corporations. (A copy of your own E-Mail answering our request is enclosed.) We do wish at this time to offer our \$150.00 for each corporation, however we did not receive the "Annual Report".

Please note that there are NO CHANGES to our corporations other than the previously reported address changes.

Please accept the renewal fee, and if you have any further questions, please feel free to give us a call at 727-791-4272, or fax any other documentation to 727-791-7276.

Thank You,



Mack and Carolyn Chambers