

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90378 021 \*\*\*\*61.25

**DOCUMENT # N01000008938**

1. Entity Name

**PASCO HERNANDO INSURANCE PROFESSIONALS, INC.**

Principal Place of Business

Mailing Address

9851 SR 54  
 NEW PORT RICHEY FL 34655

9851 SR 54  
 NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3125817**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANSUR, JOSEPHINE P**  
**13406 CATTAIL CT**  
**HUDSON FL 34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME PD  
 STREET ADDRESS MANSUR, JOSEPHINE P  
 CITY-ST-ZIP 13406 CATTAIL CT  
 HUDSON FL 34667

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 STREET ADDRESS NICO, LAURA  
 CITY-ST-ZIP 2512 HICKORY CT  
 CLEARWATER FL 34621

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS REEVES, JULIA R  
 CITY-ST-ZIP 4344 MCCLUNG DR  
 NEW PORT RICHEY FL 34653

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine P. Mansur* 7-3-02 727-376-0030  
 SIGNATURE REQUIRED X1306

CR2E037 (4/02)