Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

URE AND TYPED OR P

NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2002 8:00 am P00000003998 DOCUMENT # **Secretary of State** Entity Name • • • 03-31-2002 90332 018 ***150 00 DROTOS INSURANCE, INC. Principal Place of Business Mailing Address -10-CLEARWATER MALL 10 CLEARWATER MALL -CLEARWATER FL 33764 CEARWATER FL 99764 2794-1 Gulf to Bay 2794-1 Gulf to Bay Clearwater, FL 33759 Clearwater, FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3614041 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DROTOS, JAMES J Street Address (P.O. Box Number is Not Acceptable) 10-CLEARWATER MALL CLEARWATER PL 33764 2794-1 Gulf to Bay Blvd Zip Code City <u>Clearwater, FL</u> surpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE agent and title if applicable printed name of regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITI F TITLE ☐ Delete NAME NAME DROTOS, JAMES J 3 STREET ADDRESS STREET ADDRESS 10 CLEARWATER MALL-2794-1 Gulf to CITY-ST-ZIP **CLEARWATER FL 33764** 3*9*37559° Clearwater, FL Change ☐ Addition Delete TITLE TITLE NAME NAME Drotos, Linda M STREET ADDRESS STREET ADDRESS 10 CLEARWATER MALL 2794-1 Gulf to B Ō/1589-ZIP CITY-ST-ZIP **ELEARWATER FL-33764** Clearwater, FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 reserver of 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