2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000014332 1. Entity Name CARLI INSURANCE AGENCY, INC.							FILED Jan 09, 2002 8:00 am Secretary of State 01-09-2002 90005 050 ***150.00					
	e of Business LAKE MARY BOULEVA FL 32746	ard	Mailing Address 2680 WEST LAKE MARY BOULEVARD LAKE MARY FL 32746 US									
2. Principal P	Place of Business	T	3. Mailing Address					HA	 	(18) (18) (18))	4 1801 1801
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_		DO NOT W	RITE IN TH	S SPACE		
City & State			City & State			4. 1	4. FEI Number 59-3623948 Applied					d For
Zip Country		try	Zip	Count	Country		Certificate of	Status Desire	d 🗆	\$8.75 Fee Req	Addition	
		dress of Current Re	gistered Agent			7. 1	Name and A	ddress of Ne	w Registere	d Agent		
		سد د د پایند	- .	-	Name	- ~		*** = *	-	-	-	
343 ALM	. & UTRERA, P.A. ERIA AVENUE				Street Addres	ss (P.O. E	Box Number	s Not Accepta	able)			
CORAL GABLES FL 33134					City				F	Zip (Code	
Tax filling requirement and elects to do so. After May				Registered	Agent signature required in S \$150.00 will be \$550.0 epartment of \$	uired when re	einstating) 10. Elect	on Campaign Fund Contrib	DATE	\$	5.00 N	
11.		OFFICERS AND DIF		12.			DITIONS/CH	HANGES TO C	OFFICERS A	ND DIRECT	ORS IN	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLI, D. BREN 2680 WEST LAN LAKE MARY FL	T E MARY BOULEVA	□ Delete	TITLE NAME STREE	ł					☐ Chan		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete PETERSON, SHERETT 2680 WEST LAKE MARY BOULEVARD LAKE MARY FL 32746				ET ADDRESS ST-ZIP					☐ Chan	ge _	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete CARLI, DEBORAH 2680 WEST LAKE MARY BOULEVARD LAKE MARY FL 32746				l l					☐ Chan	je 🗀	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		,		<u>.</u>			☐ Chan	ge [Addition
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THILE			☐ Delete	TITLE			•			☐ Chan	ge [Addition

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 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.

SUSATUR CARCOUID, BREAT CARCO

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _