


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P00000031397	
<b>1. Entity Name</b> BIGGART INSURANCE, INC.	

FILED  
03 OCT 21 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 728 SHAMROCK BLVD <small>Suite, Apt. # etc</small>	<b>3. Mailing Address</b> 728 SHAMROCK BLVD <small>Suite, Apt. # etc</small>
<b>City &amp; State</b> VENICE, FL	<b>City &amp; State</b> VENICE, FL
<b>Zip</b> 34293	<b>Country</b> USA

<b>4. FEI Number</b> 65-0995006	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> BIGGART, JAMES W	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 728 SHAMROCK BLVD	
	<b>City</b> VENICE	<b>FL</b> <b>Zip Code</b> 34293


**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> BIGGART, JAMES W 728 SHAMROCK BLVD VENICE, FL 34293	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>300023961063</b> <b>10/21/03--01022--003 **150.00</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employment.

**SIGNATURE:**  **JAMES W BIGGART, PRES** **10/15/03** **9414967777**

CF - 034B (1-02)

**BIGGART INSURANCE, INC.**  
**728 SHAMROCK BLVD**  
**VENICE, FL 34293**  
**941-496-7777**

10/15/2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

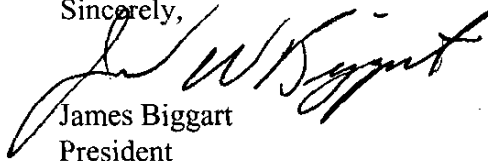
Dear Sir or Madam:

RE: UBR - DOC # P00000031397

I never received my original Form UBR, and last week received a Notice that my company was being dissolved, but could be reinstated if I paid \$750.

I was told to write a letter describing my situation, and file a Form UBR. I have enclosed a Form UBR and my check in the amount of \$150. Please waive any penalties, and activate my corporation. Thank you for your assistance.

Sincerely,



James Biggart  
President