2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000033704 **DOCUMENT #**

1. Entity Name

ALTAMONTE-LONGWOOD INSURANCE SERVICES, INC.



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90112 045 ***150.00

Principal Place of Business 865 SR 434 ALKTAMONTE SPRINGS FL 32714				Mailing Address 865 SR 434 ALKTAMONTE SPRINGS FL 32714								1 11 44 1 44 145
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 59-3	632876		<u> </u>	Applied For lot Applicable
Zip		Country	Zip	·	Count	try	5.	Certificate of Status	Desired		\$8.75 Ac Fee Requir	dditional
-	6. Name	and Address of C	urrent Register	ed Agent			- 7	Name and Address	of New Re	gistered /	Agent	
DE ZEEU\	W, MICHAEI	-				Name		•				
865 SR 434 ALTAMONTE SPRINGS FL:32714				Street Address			ddress (P.O.	Box Number is Not A	(cceptable)			
ALIAMUN	ITE SPRING	S FL332714			1							
		and the second s				City				FL	Zip Co	
8. The above the obligat	named entity ions of regist	submits this stater ered agent.	ment for the purp	oose of changing its	registere	d office or	registered a	gent, or both, in the S	State of Flori	da. I am f	familiar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registere	ed agent and title if ann	icable (NOTE	· Bagistared	Apant signatur	re required when	roinstation		D.AT.		<u></u>
				Jacable. (NOTE	negistered	Agent signatu	re required when i	reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Can				00 May Be
Make Check	k Payable to	Florida Departm	ent of State					Trust Fund C	ontribution.		ı Adde	d to Fees
Make Check	k Payable to	- 3		PRS	111.		Ar					
	Payable to	- 3	ent of State AND DIRECTO		11.		A	Trust Fund C			DIRECTOR	RS IN 11
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-682-3300