

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000039492**1. Entity Name
GEORGE CATSIMPIRIS INSURANCE AGENCY, INC.

Principal Place of Business 10440 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	Mailing Address 10440 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071
--	--

2. Principal Place of Business 5456 WEST SAMPLE ROAD	3. Mailing Address 5456 WEST SAMPLE ROAD
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State MARGATE FL	City & State MARGATE FL
----------------------------	----------------------------

Zip 33073	Country	Zip 33073	Country
--------------	---------	--------------	---------

4. FEI Number 65-1003165	Applied For <input type="checkbox"/> 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**O' DAY JOHN JJR.**
10440 W. ATLANTIC BLVD.

CORAL SPRINGS FL 33071**7. Name and Address of New Registered Agent**

Name CATSIMPIRIS GEORGE P
Street Address (P.O. Box Number is Not Acceptable) 5456 WEST SAMPLE ROAD
City MARGATE FL
Zip Code 33073

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.

SIGNATURE **JOHN J. O'DAY JR.****04/16/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CATSIMPIRIS GEORGE P 1424 N.E. 57TH STREET FT. LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **George P. Catsimpiris**

Pres

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)