

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000039703**1. Entity Name
FIRST KENSINGTON INSURANCE AGENCY, INC.Principal Place of Business
14141 STONEGATE DRIVE
TAMPA FL 33624
Mailing Address
PO BOX 22668
TAMPA FL 3362226682. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****HOCKMAN RONALD S**
14141 STONEGATE DRIVE
TAMPA FL 33624**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES HOCKMAN RONALD S 14141 STONEGATE DRIVE TAMPA FL 33624 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: Ronald S. Hockman

Pres 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)