

AMENDED

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

DOCUMENT # P00000044271

1. Entity Name

ADVANCE INSURANCE OF TAMPA, INC.

FILED

02 AUG -8 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4002 W. Waters Ave. Suite, Apt. #, etc. Suite 5 City & State Tampa, FL Zip 33614 Country USA		3. Mailing Address 4002 W. Waters Ave. Suite, Apt. #, etc. Suite 5 City & State Tampa, FL Zip 33614 Country USA	
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4. FEI Number 59-3645038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Vickie F. Brown	
Street Address (P.O. Box Number is Not Acceptable) 4002 W. Waters Ave. Suite 5	
City Tampa	FL Zip Code 33614

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 *Vickie F. Brown*, Vickie F. Brown, President 7/25/02  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T, D Vickie F. Brown 19302 Eastbrook Dr. Odessa, FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300007071973 08/13/02-01029-011 *****61.25 *****61.25
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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 on an attachment with an address, with an other like empowered.

SIGNATURE: *Vickie F. Brown* 7/25/02 813-814-2550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Vickie F. Brown, President

CR2E034B (12/01)