

DOCUMENT # P00000053168

1. Entity Name

MULTI-LINE INDEPENDENT INSURANCE AGENCY, INC.

1/8/01-5^{1/8}

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-08-2001 90053 037 ***150.00

Principal Place of Business

Mailing Address

400 S DIXIE #6
LAKE WORTH FL 33460400 S DIXIE #6
LAKE WORTH FL 33460

2. Principal Place of Business

400 S. DIXIE #6 L. W. FL 33460
Suite, Apt. #, etc.

3. Mailing Address

400 S. DIXIE #6 LAKE WORTH, FL 33460
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

City & State

LAKE WORTH FL

Zip

33460

Country

4. FEI Number

65-0727708

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCCEUS, RENOI
1010 SO. "G" ST
LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when releasing)

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 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

Reno, Occius
Officer/Director
1010 S.G. ST. L.W. FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reno, Occius 01-02-01 561-588-9305

CR2004 (10/00)