

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90092 037 ***150.00

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DOCUMENT # P00000053168

1. Entity Name

MULTI-LINE INDEPENDENT INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

400 S. DIXIE #6
 LAKE WORTH FL 33460

400 S. DIXIE #6
 LAKE WORTH FL 33460

2. Principal Place of Business

305 N. 4TH ST.

Suite, Apt. #, etc.

3. Mailing Address

305 N. 4TH ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lantana, FL 33462

City & State

Lantana, FL

4. FEI Number

65-0727708

Applied For

Not Applicable

Zip

33462

Country

PB

Zip

33462

Country

PB

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 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, 2002 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
OD
OCCEUS, RENOI
1010 SOUTH G ST.
LAKE WORTH FL 33460

☐ Delete

TITLE
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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: [Signature] RENOI OCCEUS 1-18-02 561-588-9401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)