

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053354

1. Entity Name
INSURANCE BY CINDY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 048 ***150.00

Principal Place of Business
6283 109TH TERRACE NORTH
PINELLAS PARK FL 33772

Mailing Address
6283 109TH TERRACE NORTH
PINELLAS PARK FL 33772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEE Number
59-3645840

Applied For
Not Applicable

Zip
33782

Country

Zip
33782

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Shawn L. Woodward
Street Address (P.O. Box Number is Not Acceptable)
1909 Dormition Circle No
City
St Petersburg FL Zip Code
33710

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 *Shawn L. Woodward*
Signature, typed or printed name of registered agent and title, if applicable.

Shawn L. Woodward
(NOTE: Registered Agent's signature required when re-registering)

4/13/2001
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MODESITT, CINDY L
6283 109TH TERRACE NORTH
PINELLAS PARK FL 33772 33782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

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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: *Cindy L. Modesitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy L. Modesitt

4/13/01
Date

7275489326
Daytime Phone #

CR2E034 (10/00)