FILED
Jul 19, 2001 8:00 am
Secretary of State
07-05-2001 90010 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067219

1. Entity Name
CONSOLIDATED INSURANCE MARKETING, INC OF FLORIDA

(A)

Principal Place of Business ← SAME → Mailing Address
5100 WEST KENNEDY BLVD., SUITE 535
TAMPA, FL. 33609

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3659441	Applied For / Not Applicable
SEE ABOVE	SEE ABOVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country: USA	Zip / Country: USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES F. ~~[illegible]~~ ARNOLD, ESQ.	Name: CHARLES OSBORNE
1701 9TH STREET NORTH	Street Address (P.O. Box Number is Not Acceptable): 5100 WEST KENNEDY BLVD
ST. PETERSBURG, FL. 33704	City: TAMPA FL Zip Code: 33609

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 _____ 6/6/01
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) ☑

FEE NOW!!! FEE IS $150.00
After MAY 1st 2001 Fee will be $500.00
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	BOD, PRES, SEC & TREAS CHARLES OSBORNE 5100 WEST KENNEDY BLVD #535 TAMPA FL 33609	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SKIP SPACE	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SKIP SPACE	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AMY D. OSBORNE 5100 WEST KENNEDY BLVD #535 TAMPA FL 33609	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 6/6/01 (813) 289-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 10031
Doc# P00000067214

[redacted]

Law Offices of

HARVEY SCHONBRUN, P.A.

Attorneys and Counselors at Law

HARVEY SCHONBRUN
Board Certified
Wills, Trusts and Estates

S. DAVID ANTON
Certified Family Mediator
NASD Arbitrator

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June 19, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Annual Filing for Consolidated Insurance Marketing, Inc of Florida

Dear Sir or Madam:

Enclosed you will find the Annual Registration form for Consolidated Insurance Marketing, Inc of Florida. You will also find enclosed a check made payable to the Florida Department of State for $150.00. The representatives of the corporation realize that they are filing this report late. They also realize theat the late filing fee is $550.00. They are respectfully asking that your office accept this sum as and for their filing fee without penalty. They are a new corporation which was first established on July 13, 2000, and they never received the notice or any forms telling them that their report and fees were due.

Your consideration of their request and your filing of the enclosed report will be greatly appreciated.

Very truly yours,

S. David Anton, Esquire

SDA/mav

Enclosures: Annual Registration form
Check to Department of State for $150.00

Copy to: Charles Osborne with enclosures