## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000083625

Entity Name: UVO'S INSURANCE, INC.

FILED Nov 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7101 W. COMMERCIAL BLVD., SUITE 4C TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

7101 W. COMMERCIAL BLVD., SUITE 4C TAMARAC, FL 33319

FEI Number: 65-1043320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NGEZELONYE, MARY
7101 W. COMMERCIAL BLVD., SUITE 4C
7101 W. COMMERCIAL BLVD., SUITE 4C

TAMARAC, FL 33319 US TAMARAC, FL 33319 US

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: MARY NGEZELONYE 11/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AGT ( ) Delete Title: ( ) Change ( ) Addition

Name: NIVARD, DAVID AGENT Name:

Address: 7101 W COMMERCIAL BLVD STE 4C Address: City-St-Zip: TAMARAC, FL 33319 US City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition NGEZELONYE, MARY DIRS Name: Name: NGEZELONYE, MARY DIR 7101 W.COMMERCIAL BLVD.#4C 7101 W.COMMERCIAL BLVD.#4C Address: Address: TAMARAC, FL 33319 US TAMARAC, FL 33319 US City-St-Zip: City-St-Zip:

Title: DIR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LOWE, ASHLEY DIRECTO
 Name:

 Address:
 7101 W.COMMERCIAL BLVD.#4C
 Address:

 City-St-Zip:
 TAMARAC, FL 33319 US
 City-St-Zip:

Title: EMPL ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALL EMPLOYEES,UVO'S, INS.INC
 Name:

 Address:
 7101 W.COMMERCIAL BLVD.
 Address:

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:

Title: ( ) Delete Title: DIR ( ) Change (X) Addition
Name: SMITH, RODNEY P AGENT
Address: Address: 7101 W.COMMERCIAL BLVD.#4C

City-St-Zip: City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY NGEZELONYE PRES 11/20/2006