

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90062 020 \*\*\*150.00

DOCUMENT # P01000005135

1. Entity Name

SUNSTATE INSURANCE AGENCY, INC.

Principal Place of Business

420 W BRANDON BLVD STE 201  
BRANDON FL 33511

Mailing Address

420 W BRANDON BLVD STE 201  
BRANDON FL 33511

91285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3696897

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SUNSTATE V. ADAMS~~~~420 W BRANDON BLVD STE 201~~~~BRANDON FL 33511~~

Name

Barbara B. Sellers Sosa

Street Address (P.O. Box Number is not acceptable)

1513 W. Palm CR.

City

Palrico Florida FL 33594

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)

5/31/02

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 ☒ DeleteD  
STEPHANIE J. BARBER  
1208 VERSANT DR. #203  
BRANDON FL 33511TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Stephanie J. Barber

1208 Versant Dr. #203

Brandon FL 33511

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)