

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90352 023 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028529

1. Entity Name  
B AND T INSURANCE AGENCY AND SERVICES INC



Principal Place of Business  
1325 W WASHINGTON ST, BAY 6 & 7  
ORLANDO, FL 32805

Mailing Address  
1325 W WASHINGTON ST, BAY 6 & 7  
ORLANDO, FL 32805

11036828



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
114 N. Orange Blossom Trail  
Suite, Apt. #, etc.

3. Mailing Address  
114 N. Orange Blossom Trail  
Suite, Apt. #, etc.

City & State  
Orlando - FL -  
City & State  
Orlando FL

Zip  
32805  
Country  
Orange

4. FEI Number  
59-3704540  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BELABRE, JEAN R  
10668 FAIRHAVEN WAY  
ORLANDO, FL 32825

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent Signature Required when resigning)

3-29-03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELABRE, JEAN-ROBERT  
10668 FAIRHAVEN WAY  
ORLANDO, FL 32825 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TELUSMA, SAMUEL  
13825 MAGNOLIA GLEN CIRCLE  
ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Signature]* Jean Robert Belabre

3-29-03 407 426 6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)