

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036251

1. Entity Name
FIRST UNITED INSURANCE AGENCY, INC.



Principal Place of Business
6100 HOLLYWOOD BLVD STE 421
HOLLYWOOD FL 33024

Mailing Address
6100 HOLLYWOOD BLVD STE 421
HOLLYWOOD FL 33024

2. Principal Place of Business
7954 Pines Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 245068
Suite, Apt. #, etc.

City & State
Pembroke Pines FL
Zip
33024
Country
Broward

City & State
Pembroke Pines, FL
Zip
33024
Country
Broward

4. FEI Number 65-1156705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, DOUGLAS M
6100 HOLLYWOOD BLVD STE 421
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name DOUGLAS M. MCKENZIE

Street Address (P.O. Box Number is Not Acceptable)

7954 Pines Blvd.

City Pembroke Pines FL Zip Code 33024

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

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 D
NAME MCKENZIE, DOUGLAS M
STREET ADDRESS 6100 HOLLYWOOD BLVD STE 421
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED
03 MAR 12 AM 11:31
02-27-2003 90140 042 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 25/2003 963
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CR2E034 (10/02)