

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90856 001 ***150.00

DOCUMENT # P01000038910

1. Entity Name
A BIT ABOVE INSURANCE AGENCY, INC.

Principal Place of Business
**7628 103RD STREET STE. #19
 JACKSONVILLE FL 32210**

Mailing Address
**7628 103RD STREET STE. #19
 JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7628-19 103rd St.

3. Mailing Address
7628-19 103rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3721651

Applied For
 Not Applicable

Zip
32210

Country
FLORIDA

Zip
32210

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSTREAN, IOAN
 7628 103RD STREET STE. #19
 JACKSONVILLE FL 32210**

Name
SUSTREAN, IOAN

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

7628-19 103rd St.

City **Jacksonville** **FL** Zip Code **32210**

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 **IOAN SUSTREAN**

04/29/02

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUSTREAN, IOAN | |
| STREET ADDRESS | 7628 103RD STREET STE. #19 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **IOAN SUSTREAN**

04/30/02 (904) 779-9778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)