

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90127 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000068554

1. Entity Name

SUNSHINE STATE INSURANCE AGENCY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

3711 SE 10TH AVE #204
CAPE CORAL FL 33904

Mailing Address

PO BOX 730 Pcs 100730
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0283478
65-1141523

Applied For

Not Applicable

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

RICCA, ROBERT J

3711 SE 10TH AVE SUITE #204
CAPE CORAL FL 33904

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

Robert J Ricca Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME RICCA, ROBERT J
STREET ADDRESS 3711 SE 10TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

☐ Delete

TITLE VT
NAME WILSON, JENNIFER L
STREET ADDRESS 3711 SE 10TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

☐ Delete

TITLE SEC
NAME TRABUCCO ROSANNE
STREET ADDRESS 1316 SE 3RD ST
CITY-ST-ZIP CAPE CORAL FL 33990

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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 all other like empowered.

SIGNATURE:

Robert J Ricca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

239-910-3773

Daytime Phone #

CR2E034 (10/02)