

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

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

06-05-2003 90132 043 ***150.00

DOCUMENT # *2010000 71124*

1. Entity Name

Esposito Insurance Corporation



DO NOT WRITE IN THIS SPACE

90138657

2. Principal Place of Business
175 Blanding Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.

City & State
Orange Park

City & State

Zip
32073

Country
USA

Zip

Country

4. FEI Number
36-4456668

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John R Esposito

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

175 Blanding Blvd., Suite 5

City Orange Park,

FL

Zip Code
32073

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 required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President
John R Esposito
175 Blanding Blvd., Suite 5

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ORANGE PARK, FL 32073

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03

Date

Daytime Phone #

904 272-7283

CR2E034B (12/02)



Quality Insurance
Esposito Insurance Corporation

Attachment

90138657
PO1000071124

175 Blanding Boulevard, Suite 5 - Orange Park, Florida 32073 - 904.272.7283 - Fax 904.272.2220

06/02/03

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual Report

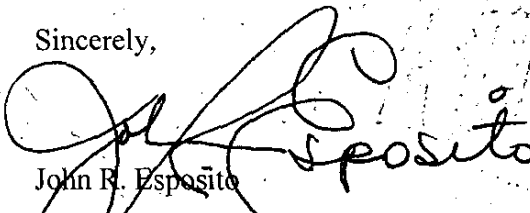
To Whom It May Concern:

I did not receive my annual report papers. In thinking about them today, I went to your website to check on my company status.

I contacted your office and was informed to download the Annual Report papers from your site and send them with \$150.00 and a letter, explaining that I did not receive them from your office.

I hope this is satisfactory and should you have any questions, feel free to contact me at the above address or telephone number.

Sincerely,


John R. Esposito

JRE/cb

Encl.