

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90128 005 ***158.75

01/05/02 AV

DOCUMENT # P01000076066

1. Entity Name
JOEL SANSONE INSURANCE, INC.

Principal Place of Business

**641 N.W. 105TH DRIVE
 CORAL SPRINGS FL 33071**

Mailing Address

**641 N.W. 105TH DRIVE
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

10420 West Atlantic Blvd

3. Mailing Address

10420 West Atlantic Bl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

651124388

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANSONE, JOEL
 641 N.W. 105TH DRIVE
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **DAVID M. GAYNES, ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable) **1153 Catania Drive**
 City **Boynton Beach** **FL** Zip Code **33437**

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: **David M. Gaynes** **DAVID MATTHEW GAYNES, ESQUIRE**

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

TITLE	D <input type="checkbox"/> Delete
NAME	SANSONE, JOEL
STREET ADDRESS	641 N.W. 105TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL SANSONE 3/14/2002 954345601

Date

Daytime Phone #

CR2E034 (9/01)