

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90109 039 ***150.00

DOCUMENT # P01000084322

1. Entity Name
INSURANCE FLORIDA INC.



Principal Place of Business
**1015 EAST SEMORAN BLVD
SUITE 201
CASSELBERRY FL 32707**

Mailing Address
**1015 EAST SEMORAN BLVD
SUITE 201
CASSELBERRY FL 32707**

2. Principal Place of Business
1830 Ashland Trail

3. Mailing Address
1830 Ashland Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number **59-3741674**

Applied For
Not Applicable

Zip Country
32765 USA

Zip Country
32765 USA

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

**CHRISTENSEN, ERIC
1830 ASHLAND TRAIL
OVIEDO FL 32765**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CHRISTENSEN, ERIC**
STREET ADDRESS **1830 ASHLAND TRAIL**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

3/6/03 407-971-9964
Date Daytime Phone #

CR2E034 (10/02)