

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90120 030 \*\*\*150.00

DOCUMENT # P01000098760

1. Entity Name

UNITED INSURANCE MARKETING CORPORATION



Principal Place of Business

5600 N.W. 102ND AVENUE

SUITE J

SUNRISE FL 33351

Mailing Address

5600 N.W. 102ND AVENUE

SUITE J

SUNRISE FL 33351

2. Principal Place of Business

5600 N.W. 102 AVE

Suite, Apt. #, etc.

SUITE M

City & State

SUNRISE, FL

Zip  
33351

Country

USA

3. Mailing Address

5600 NW 102 AVENUE

Suite, Apt. #, etc.

SUITE M

City & State

SUNRISE, FL

Zip

33351

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1147107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRESS, RONALD

5600 NW 102 AVENUE, SUITE J

SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name  
RONALD GRESS

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

5600 NW 102 AVE

SUITE M

City

SUNRISE

FL

Zip Code

33351

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GRESS, RONALD	5600 N.W. 102ND AVENUE SUITE J	SUNRISE FL 33351	<input type="checkbox"/>
D	GOLDSTEIN, BERNARD	5600 N.W. 102ND AVENUE SUITE J	SUNRISE FL 33351	<input type="checkbox"/>
D	DINOLFO, GERLANDO C	5600 NW 102ND AVE SUITE J	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GRESS, RONALD	5600 NW 102 AVE, SUITE M	SUNRISE, FL 33351	<input checked="" type="checkbox"/>
D	GOLDSTEIN, BERNARD	5600 NW 102 AVE, SUITE M	SUNRISE, FL 33351	<input checked="" type="checkbox"/>
D	DINOLFO, GERLANDO C.	5600 NW 102 AVE, SUITE M	SUNRISE, FL 33351	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02  
Date

954-747-4444  
Daytime Phone #