

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

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-24-2002 91337 019 ***150.00

DOCUMENT # P01000109212 ✓

1. Entity Name

AMERICAN INSURANCE & INVESTMENT Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 22133

3. Mailing Address

P.O. Box 22133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FLORIDA

City & State

Tampa FLORIDA

Zip

Country

33622

Zip

Country

33622

4. FEI Number

01-0604085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TROY FOX

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

2528 W TEAR ST.

City

Tampa

FL

Zip Code

33614

**DO NOT WRITE
IN THIS SPACE**

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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>TROY FOX</u> <u>P.O. Box 22133</u> <u>Tampa FL 33622</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LYNN SCHWARTZ</u> <u>4441 Foster Ln</u> <u>Lep4441113 FL 33541</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TOM FOX</u> <u>P.O. Box 308</u> <u>ORLANDO FL 32836</u>
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

May 1st, 2002

Date

Daytime Phone #

813-624-3808

CR2E034B (12/01)