

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 020 ***150.00

0594369 AV

DOCUMENT # P02000014218

1. Entity Name
A & R INSURANCE INC.



Principal Place of Business
**600 THACKER AVE. SUITE D-41
KISSIMMEE FL 34741**

Mailing Address
**600 THACKER AVE. SUITE D-41
KISSIMMEE FL 34741**



2. Principal Place of Business
600 THACKER AVE

3. Mailing Address
600 THACKER AVE

Suite, Apt. #, etc.
D-63

Suite, Apt. #, etc.
D-63

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

4. FEI Number
90-0008998

Applied For

Not Applicable

Zip
34741

Country
OSCEOLA

Zip
34741

Country
OSCEOLA

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

**SMITH, PAUL
218 SOUTHERN COUNTRY LANE
QUINCY FL 32531**

Name
AAA REGISTERED AGENT INC.

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

25 SE 2ND AVENUE SUITE 1036

City
MIAMI

FL

Zip Code
33131

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

Paul Smith
Signature, typed or printed name of registered agent and title if applicable.

PAUL SMITH, Vice President

03-06-03

(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
VICE - PRESIDENT DIRECTOR ☐ Delete
NAME
ANNA M. BULLEN
STREET ADDRESS
600 THACKER AVE. D-63
CITY - ST - ZIP
KISSIMMEE FL 34741

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

TITLE
PRESIDENT DIRECTOR ☐ Delete
NAME
RANDOLPH H. BULLEN
STREET ADDRESS
600 THACKER AVE. D-63
CITY - ST - ZIP
KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Randolph H. Bullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)