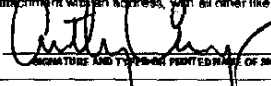


FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90064 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00190010

DOCUMENT # P02000026416			
1. Entity Name FIRST COMMERCIAL INSURANCE AGENCY, INC.			
Principal Place of Business 2220 SARAGOSSA AVE. DELAND, FL 32724		Mailing Address 2220 SARAGOSSA AVE. DELAND, FL 32724	
2. Principal Place of Business		3. Mailing Address P.O. Box 114	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CASSADAGA, FL	
Zip	Country	Zip	Country
32706	VOLUSIA	32706	VOLUSIA
5. Name and Address of Current Registered Agent FRIED, MITCHELL I ESQ 238 N. WESTMONTE DR., STE. 200 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when electing)			
9. Election Campaign Financing Trust Fund Contribution. ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST	TITLE	
NAME	CANNIZZARO, ANTHONY	NAME	
STREET ADDRESS	2220 SARAGOSSA AVE.	STREET ADDRESS	
CITY- ST- ZIP	DELAND, FL 32724	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 reporting 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: 		9-2-03 386-775-1781	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CH2EC34 (10/02)

Attachment #
80143673
PO2000026416

September 2, 2003

First Commercial Insurance Agency, Inc.
2220 Saragossa Ave.
DeLand, FL 32724

To whom it may concern:

We did not receive a prior notice for our annual corporation fee, but have enclosed a company check for the amount of \$150.00 from First Commercial Insurance Agency, Inc. FEIN#61-1407905.

Please contact our company if additional information is required.

Thank you !

Regards,


Tony Cannizzaro, President