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)

00149019

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

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address P.O. BOX 114
Suite, Apt. #, etc.
City & State CASSADAGA, FL
Zip 32706 Country VOLUSIA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1407905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. 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
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 Amended UBR is $61.25 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST CANNIZZARO, ANTHONY 2220 SARAGOSSA AVE. DELAND, FL 32724 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 9-2-03 386-775-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Attachment #
80143673
P02000026416

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