

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048476

1. Entity Name

AMERICAN INSURANCE CENTER OF BARTOW, INC.



**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90342 042 \*\*\*150.00

0136597 AT

Principal Place of Business  
1650 N BROADWAY AVENUE  
BARTOW FL 33830

Mailing Address  
1650 N BROADWAY AVENUE  
BARTOW FL 33830

**55056043**



2. Principal Place of Business

1650 N BROADWAY AVE

Suite, Apt. #, etc.

3. Mailing Address

~~SAME~~

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BARTOW, FLORIDA

City & State

4. FEI Number

76-0702873

Applied For

Not Applicable

Zip

33830

Country

Zip

Country

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

COOK, PAUL D  
1021 N TOWER LANE  
LAKE WALES FL 33853

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
PAUL DE COOK  
1021 N TOWER LANE  
LAKE WALES, FL 33853 ☐ Delete

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

TITLE  
NAME  
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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/03 8635338311

CR2E034 (4/03)

Attachment  
550510043  
# P02000048476

PAUL D COOK  
AMERICAN INSURANCE CENTER  
1650 N BROADWAY AVE  
BARTOW, FL. 33830


9-4-03

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

Attached is a completed copy of your form (UBR) Uniform Business Report which was sent back to me to be filed by 9-10-03. My original Report was filed on time and my check for 150.00 was paid and accepted. I did not receive any letter advising me of missing information. I called Tallahassee today 9-4-03 and was advised to send this form with Letter of explanation.

Thank you,



PAUL COOK