

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90342 042 ***150.00

0136597 AT

DOCUMENT # **P02000048476**

1. Entity Name
AMERICAN INSURANCE CENTER OF BARTOW, INC.



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
33830

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**COOK, PAUL D
1021 N TOWER LANE
LAKE WALES FL 33853**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** **9/4/03 8635328311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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