

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

DOCUMENT # **P02000122273**

1. Entity Name

PHILIP ROSSI INSURANCE AGENCY, INC.



Principal Place of Business

11924 FOREST HILL BOULEVARD
SUITE 1
WELLINGTON FL 33414

Mailing Address
11924 FOREST HILL BOULEVARD
SUITE 1
WELLINGTON FL 33414

2. Principal Place of Business

11924
WELLINGTON, FL FOREST HILL BLVD
Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

Zip

33414

Country

PALM BCH

Zip

33414

Country

USA

4. FEI Number

65-11605-68

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name PHILIP W ROSSI

Street Address (P.O. Box Number is Not Acceptable)
11924 FOREST HILL BLVD #1

City WELLINGTON

FL

Zip Code 33414

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

Philip W. Rossi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/03

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 PV Delete
NAME ROSSI, PHILIP W
STREET ADDRESS 11924 FOREST HILL BOULEVARD, SUITE 1
CITY-ST-ZIP WELLINGTON FL 33414

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Delete
NAME ROSSI, PHILIP W
STREET ADDRESS 11924 FOREST HILL BOULEVARD, SUITE 1
CITY-ST-ZIP WELLINGTON FL 33414

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME ROSSI, PHILIP W
STREET ADDRESS 11924 FOREST HILL BOULEVARD, SUITE 1
CITY-ST-ZIP WELLINGTON FL 33414

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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: *Philip W. Rossi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03 56 793-7999

Daytime Phone #

NA
1212800

CR2E034 (4/03)