

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90050 034 ***550.00

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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

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington

City & State

Wellington

Zip

33414

Country

FLA

Zip

33414

Country

USA

4. FEI Number

65-1160568

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

56 793-7999

Date

Daytime Phone #

CR2E034 (4/03)