

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90024 010 ***150.00

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DOCUMENT # P92000011362

1. Entity Name **NETWORK INSURANCE AGENCY, INC.**

Principal Place of Business Mailing Address
3818 JOG ROAD 3818 JOG ROAD
GREENACRES FL 33467 GREENACRES FL 33467
US US

2. Principal Place of Business 3. Mailing Address
3828 JOG ROAD 3828 JOG ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GREENACRES FL GREENACRES FL
Zip Country Zip Country
33467 USA 33467 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0379030** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOGANI, RANDALL F
1981 CANTERBURY CIRCLE
WELLINGTON FL 33467

7. Name and Address of New Registered Agent

Name **RANDALL F. BOGANI**
Street Address (P.O. Box Number is Not Acceptable)
8763 EL PASO DRIVE
City **LAKE WORTH** FL Zip Code **33467**

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.

SIGNATURE **RANDALL BOGANI, President** DATE **4/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BOGANI, RENEE**
CITY-ST-ZIP **1981 CANTERBURY CIRCLE**
WELLINGTON FL 33414

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BOGANI, RANDALL**
CITY-ST-ZIP **1981 CANTERBURY CIRCLE**
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **BOGANI, RENEE**
CITY-ST-ZIP **8763 EL PASO DRIVE**
LAKE WORTH, FL. 33467

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **BOGANI, RANDALL**
CITY-ST-ZIP **8763 EL PASO**
LAKE WORTH, FL. 33467

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

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

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NAME
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RANDALL BOGANI, Pres.** DATE **4/16/01** DAYTIME PHONE # **561-432-2215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)