

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038167			
1. Entity Name SHERYL C. CHORVAT INSURANCE, INC.			
Principal Place of Business 5965 RED BUG LAKE RD STE 223 WINTER SPRINGS, FL 32708 US		Mailing Address 5965 RED BUG LAKE RD. STE 223 WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business 851 N. DONNELLY ST.		3. Mailing Address 33643 E. LAKE JOANNA DR.	
State, Apt. #, etc.		State, Apt. #, etc.	
☐ CHECK HERE IF MAKING CHANGES			
City & State MT. PORA, FL		City & State EUSTIS, FL	
Zip 32757		Zip 32736	
Country USA		Country USA	
4. FEI Number 59-3182681		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHORVAT, SHERYL C 5965 RED BUG LAKE RD STE 223 WINTER SPRINGS, FL 32708			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 33643 E. LAKE JOANNA DR. City EUSTIS FL Zip Code 32736			
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 <u><i>Sheryl C. Chorvat</i></u> SHERYL C. CHORVAT <u>4-30-03</u> Signature, typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filer is filer.) DATE			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P CHORVAT, SHERYL C. 5965 RED BUG LAKE RD, STE 223 WINTER SPRINGS, FL		X Change ☐ Addition 33643 E. LAKE JOANNA DR. EUSTIS, FL 32736	
V CHORVAT, ROBERT D 5965 RED BUG LAKE RD, #223 WINTER SPGS, FL 32708		X Change ☐ Addition 33643 E. LAKE JOANNA DR EUSTIS, FL 32736	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 807, 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: <u><i>Sheryl C. Chorvat</i></u> SHERYL C. CHORVAT <u>4-30-03</u> (352)735-2349 Signature, typed or printed name of signing officer or director Date Daytime Phone #			

90128673



CEP0034 (10/02)