

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055810

1. Entity Name  
C. & J. INSURANCE AGENCY, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90077 004 \*\*\*150.00

Principal Place of Business

1700 E HILLSBOROUGH AVE  
TAMPA FL 33610

Mailing Address

1700 E HILLSBOROUGH AVE  
TAMPA FL 33610

CUU10340

2. Principal Place of Business

5707 N. NEBRASKA AVE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 11279  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3199883

Applied For

Not Applicable

Zip 33604

Country USA

Zip 33680

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALOUF, CHARLES J.  
1700 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name CHARLES J MALOUF  
Street Address 5707 N. NEBRASKA AVENUE  
City Tampa FL Zip Code 33604

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D  
NAME MALOUF, CHARLES J  
STREET ADDRESS 1700 E HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME MALOUF, CHARLES J ☒ Change ☐ Addition  
STREET ADDRESS 5707 N. NEBRASKA AVE  
CITY-ST-ZIP Tampa FL 33604

TITLE V/S  
NAME MALOUF, CHARLES J ☐ Change ☒ Addition  
STREET ADDRESS 5707 N. NEBRASKA AVE  
CITY-ST-ZIP Tampa FL 33604

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

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

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

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

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:

*Charles J Malouf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 2001  
Date

813-237-1805  
Daytime Phone #

CP2E034 (10/00)