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

## P93000055810 DOCUMENT #

SIGNATURE:



## **FILED** Jan 21, 2003 8:00 am Secretary of State

| S. Certificate of Status Desired   \$8.75 Auditional   \$8.75 Auditional | 1. Entity Na<br>C. & J. IN                        | NSURANCE AGENCY, INC.  | ,                           | •               |                        |                | 01-21-2003 901                         | 17 012 ***15     | 0.00           |
|--|---|--|-----------------------------|-----------------|------------------------|----------------|--|------------------|----------------|
| Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   City & State   City & City & State   City & City & State   City & City & City & State   City &  | 5707 N NEBB                                       | ASKALBANE / 696 4 , N  |                             | 3686            | )                      |                |  |                  |                |
| Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   City & State   City & City & State   City & City & State   City & City & City & State   City &  | -   | TAMP 1 71 22   | 624                         |                 |                        |                |  |                  |                |
| City & State  City & FL Zip Code   | 2. Principal Place of Business 3. Mailing Address |  |                             |                 |                        |                |  |                  |                |
| Zip Country Zip Country 5. Certificate of Status Dealerd F8.75 Additional Frequence of F8.75 Add   | Suite, Apt  | t. #, etc.   | Suite, Apt. #, etc.         |                 |                        |                | ☐ CHECK HERE IF MAKING CHANGES         |                  |                |
| Experiment of Status Deared Section  | City & Sta  | ate  | City & State                |                 |                        | 4. 1           | 4. FE! Number <b>59-3199883</b> Appli  |                  | Applied For    |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  MALOUF, CHARLES J.  500000000000000000000000000000000000   | Zip   | Country  | Zip                         | Cour            | Country                |                |  |                  | Not Applicable |
| MALOUF, CHARLES J.  5707*N*NEBRASKA*AME  TAMPA FL-98084  3.3 6 2 4*  City  City  FL Zip Code  City  April  City  Size April  April  City  April  April  April  City  April  April  City  April  April  City  April  April  April  City  April  April  April  City  April  April  City  April  April  April  City  April  April  April  City  April  April  City  April  April  April  April  City  April  April  April  City  April  April  April  City  April  April  April  City  April  Ap   |   | 6. Name and Address of Current   | Registered Agent            |                 | <del></del>            |                | <u> </u>                               | ☐ Fee Requir     |                |
| Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL-99984  33 6 2 4  City FL Zip Code  1. 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 acceptable)  SIGNATURE ARIES J. MALUY PLANT ARIES AND DIFFERENCE IN TOURS PROJECT OR STATE IN THE STATE OF FROM THE STATE OF STATE IN THE STATE OF STATE OF STATE IN THE STATE OF STATE IN THE STATE OF STATE IN THE STATE OF STATE  |   | The state of the s | noglatered Agent            |                 | Name                   |                | vame and Address of New Regis          | tered Agent      |                |
| B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:  Signatur   | MALOUF,   | CHARLES J.   | 101.00                      | × 11            | Oten at A date         | (0.0.0         |  |                  |                |
| B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:  Signatur   |   | BRASKA AVE 10704   | WINTEL UA                   | /-V/Ae          | Street Addres          | ss (P.U. B     | ox Number is Not Acceptable)           | ,                |                |
| B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:  Signatur   | TAMPA FL  | <del>:88884</del> ' 22   | 114                         | •               |                        |                | -                                      | · ·              |                |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Submits, lightly prefer have a frequency agent and set of submits. (http://district.com/dist   |   | 2)   | 102T                        | •               | City                   |                |  | Zip Co           | de             |
| SIGNATURE Signature, lyzed or printed care and interest agent are little (schools).  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  INITE MANDE SIREET ADDRESS  OITY-ST-ZP  TAMPA FL 39604  33.644  10. Delete  MALOUF, CARIEN L STREET ADDRESS  OITY-ST-ZP  TAMPA FL 39604  33.644  10. Delete  ITILE MANE SIREET ADDRESS  OITY-ST-ZP  TILE MANE SIREET ADDRESS  OITY-ST-ZP  OITHER MANE SIREET ADDRESS  OITY-ST-ZP  TILE MANE SIREET ADDRESS  OITY-ST-ZP  OITHER MANE SIREET ADD   | 8. The above                                      | e named entity submits this statement for  | the purpose of changing     | ite regieter    | ed office or regi      | ntorod na      | ant or both in the Ctate of Fireids    |                  |                |
| FILE NOW!! FEEL SI 150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  | the obliga  | tions of registered agent.   | · /                         | , na regiate.   | sa office of regis     | stereu agt     | ent, or both, in the State of Florida. | am familiar with | , and accept   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE SITIEST ADDRESS OTTY-ST-ZPP TAMPA FL 39609  3.6544  TITLE MANE SITIEST ADDRESS OTTY-ST-ZPP TAMPA FL 39609  TITLE MANE SITIEST ADDRESS OTTY-ST-ZPP TITLE MANE SITIEST ADDRESS STREST ADDR   | SIGNATURE   | Charles J. MAL   | UNS PRESI                   | dest            |                        |                |  | 1/16/6           | <i>??</i>      |
| After May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE MALOUF, CHARLES J OPP WINGER ON THE MALOUR STREET ADDRESS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS TARRET ADDRESS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS TREET ADDRESS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE WANDERS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICER  |   | Signature, typed or printed name of registered agent a   | nd title (applicable. (N    | NOTE: Registere | d Agent signature requ | uired when rei | instating)                             | DATE             | <u> </u>       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Afte  | r May 1, 2003 Fee will be \$550.00   | State                       |                 | •                      |                |  |                  |                |
| MALOUF, CHARLES J   Delete   STREET ADDRESS   STREET AD   |   |  | DIRECTORS                   | 11.             | <del></del>            | ADI            | DITIONS/CHANGES TO OFFICER             | S AND DIRECTOR   | S IN 11        |
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| TAMPA FL 33694  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAME<br>STREET ANDRESS                            | MALOUP, CHARLES J  | 94WiAROM                    | V //.           |                        |                |  | _ •              |                |
| TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  |   |  | 2624                        |                 |                        |                |  |                  |                |
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| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | AL OUT COLOURN   |                             | ///             |                        |                | •                                      | ☐ Change         | ☐ Addition     |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS.                                   | 5707 N NEBRASKA AVE 1696   | - WINTELLYN                 | אעו             |                        |                |  |                  |                |
| NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP   | CITY-ST-ZIP                                       | TAMPA FL 39604   | 33624                       | -CITY:          | ST-ZIP' > -            |                |  |                  |                |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Delete                    | , LILLE         |                        |                | -                                      | Change           | Addition       |
| CITY-ST-ZIP   |   | ,  |                             |                 |                        |                |  |                  |                |
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| TITLE  |   |  |                             |                 |                        |                |  |                  |                |
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| IAME  I Change Addition  NAME  STREET ADDRESS  CITY-SI-ZIP  CITY-ST-ZIP  |   |  | <del></del>                 | City-           | ST-ZIP                 |                |  |                  |                |
| STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP  |   |  | ☐ Delete                    |                 |                        |                | ··· <del>·</del>                       | ☐ Change         | Addition       |
| CITY-ST-ZIP CITY-ST-ZIP  | i i   |  |                             |                 |                        |                |  |                  |                |
|  |   |  |                             |                 |                        |                |  |                  |                |
| 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my control is the corporation of the corporation of the corporation of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my control is the corporation of the corporati   | I2. Thereby o                                     | ertify that the information supplied with the  | nie filing door net evelt 1 |                 | 1                      | <u> </u>       | (0.07/0)(1) El                         |                  |                |