

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90151 024 ***150.00

DOCUMENT # P93000063072

1. Entity Name
EMPLOYERS INSURANCE AGENCY, INC.

Principal Place of Business
5511 PINE ISLAND RD
BOKEELIA FL 33922
US

Mailing Address
5511 PINE ISLAND RD
BOKEELIA FL 33922-3253
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0437146
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CICCARELLO, NICK L
3640 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name Schuetz, Paula J.
Street Address (P.O. Box Number is Not Acceptable)
5511 Pine Island Road
Bokeelia
City FL Zip Code 33922

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 Paula J. Schuetz Paula J. Schuetz 4-10-00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	D	CICCARELLO, NICK L 5511 PINE ISLAND RD BOKEELIA FL 33922	<input checked="" type="checkbox"/> Delete		
	D	SCHUETZ, PAULA J 5511 PINE ISLAND RD BOKEELIA FL 33922	<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		

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: Paula J. Schuetz 4-10-00 941-283-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)