

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000065246**

1. Entity Name

ALLINES INSURANCE BROKERAGE INC.**FILED****Apr 22, 2000 8:00 am**
Secretary of State

04-22-2000 90079 008 ***150.00

Principal Place of Business

Mailing Address

1220 S. DALE MABRY HWY.
SUITE 202
TAMPA FL 336291220 S. DALE MABRY HWY.
SUITE 202
TAMPA FL 33629-5019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3201333**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MANELLI, DENNIS E**
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602Name **MANELLI, DENNIS E.**
Street Address (P.O. Box Number is Not Acceptable)
400 NORTH TAMPA ST.
SUITE 2630
City **TAMPA** FL Zip Code **33602**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **CANNELLA, JOSEPH H**
STREET ADDRESS **3018 W. KIRBY ST.**
CITY-ST-ZIP **TAMPA FL 33614**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HIMERT, BRIAN W**
STREET ADDRESS **1392 RUSTLING OAKS DR.**
CITY-ST-ZIP **BRANDON FL 33510**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 **(813) 208-8084**