

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046598

Entity Name
AUTOMATED INSURANCE MANAGER, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90172 032 ***158.75

Principal Place of Business
535 N MAITLAND AVE
MAITLAND FL 32751

Mailing Address
1535 N MAITLAND AVE
MAITLAND FL 32751



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3314488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 N MAITLAND AVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E	
STREET ADDRESS	507 FORESTWOOD CT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PACE, ERICK	
STREET ADDRESS	1535 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 N. MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

407 260 2220

Daytime Phone #

CR2E034 (9/01)