

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90448 012 ***150.00

DOCUMENT # P94000088100

1. Entity Name
THE INSURANCE SUPERSTORE, INC.



Principal Place of Business
**3744 HOWELL BRANCH ROAD
WINTER PARK FL 32792**

Mailing Address
**3744 HOWELL BRANCH ROAD
WINTER PARK FL 32792**

2. Principal Place of Business
180 KUZMANY Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 607
Suite, Apt. #, etc.

City & State
Winter Park

City & State
Groveland

Zip Country
32792 Seminole

Zip Country
32733 Orange

4. FEI Number **59-3279544**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, PEGGY S.
2571 DERBYSHIRE CIRCLE
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name
MARY BARBARA MACKEY
Street Address (P.O. Box Number is Not Acceptable)
3744 HOWELL BRANCH
City
Winter Park FL Zip Code
32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Barbara Mackey**
Signature, typed or printed name of registered agent and title if applicable.

4/18/03
DATE

(NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKEY, MARY B 3744 HOWELL BRANCH RD. WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Barbara Mackey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 407-677-7998
Date Daytime Phone #

CR2E034 (10/02)