

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90062 020 ***150.00

DOCUMENT # P94000088927

1. Entity Name

A BETTER DEAL INSURANCE AGENCY OF PORT ST. LUCIE

Principal Place of Business

Mailing Address

1026 BAYSHORE BLVD. SW
 PORT ST. LUCIE FL 34983 34983
 US

1026 SW BAYSHORE BLVD.
 PT ST LUCIE FL 34983 34983
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0543069

Applied For
 Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILLER CLYDE G ESQ
7440-A SO FEDERAL HWY
SUITE 107
PORT ST LUCIE FL 34953

Lawyer

Name

LEONARD MINACAPPELLI

Street Address (P.O. Box Number is Not Acceptable)

1026 SW BAYSHORE BLVD

City

PORT ST LUCIE

FL

Zip Code **34983**

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

Leonard Minacapelli

LEONARD MINACAPPELLI 1-5-

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	PS	<input type="checkbox"/> Delete
NAME	MINACAPPELLI, LEONARD JR	
STREET ADDRESS	1026 SW BAYSHORE BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINACAPPELLI, LEONARD	
STREET ADDRESS	957 SW ABINGDON AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

Leonard Minacapelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

561 871

Date

Daytime Phone #

7764