

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90159 033 \*\*\*150.00

**DOCUMENT # P94000088927**  
1. Entity Name  
**A BETTER DEAL INSURANCE AGENCY OF PORT ST. LUCIE, INC.**



Principal Place of Business  
**1026 BAYSHORE BLVD. SW  
PORT SAINT LUCIE FL 34983  
US**

Mailing Address  
**1026 BAYSHORE BLVD. SW  
PORT SAINT LUCIE FL 34983  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **A BETTER DEAL INS  
1026 SW Bayshore Blvd  
Port St. Lucie FL 34983  
772-871-7764**

Suite, Apt. #, etc. **A BETTER DEAL INS  
1026 SW Bayshore Blvd  
Port St. Lucie FL 34983  
772-871-7764**

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0543069**

Applied For  
Not Applicable

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

**MINACAPPELLI, LEONARD  
1026 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34953**

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

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 Leonard Minacappelli  
Signature, typed or printed name of registered agent and title if applicable.

1-6-03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: Leonard Minacappelli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 871-7764  
Date Daytime Phone #

CR2E034 (10/02)