

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091408

1. Entity Name

STATEWIDE AUTO INSURANCE AGENCY OF KISSIMMEE, IN

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90096 006 ***150.00

60043333



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1703 N. MAIN STREET SUITE C
KISSIMMEE FL 34744

Mailing Address

1703 N. MAIN STREET SUITE C
KISSIMMEE FL 34744

2. Principal Place of Business

911 NORTH MAIN STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

KISSIMMEE FLORIDA

City & State

4. FEI Number

59-3283963

Applied For

Not Applicable

Zip
34744

Country
OSCEOLA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARMA, SANJAY
1703 N. MAIN STREET SUITE C
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

911 NORTH MAIN STREET

SUITE 3

City

KISSIMMEE

FL

Zip Code

34744

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANJAY SHARMA
CITY-ST-ZIP 1703 N. MAIN STREET STE. C
KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 911 N. MAIN STREET SUITE 3
CITY-ST-ZIP KISSIMMEE FLORIDA 34744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 #

SANJAY SHARMA

03/26/01

407-933-8484

CR2E034 (10/00)