

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90235 020 \*\*\*150.00

**DOCUMENT # P95000093951**

1. Entity Name  
**PHOENIX INSURANCE GROUP, INC.**



Principal Place of Business  
**6191 W. ATLANTIC BLVD #6  
MARGATE FL 33063  
US**

Mailing Address  
**6191 W. ATLANTIC BLVD #6  
MARGATE FL 33063  
US**



2. Principal Place of Business  
**1500 UNIVERSITY DR.  
Suite, Apt. #, etc.  
SUITE 104**

3. Mailing Address  
**1500 UNIVERSITY DR.  
Suite, Apt. #, etc.  
SUITE 104**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS FL**  
Zip  
**33071**  
Country  
**BROWARD**

City & State  
**CORAL SPRINGS, FL.**  
Zip  
**33071**  
Country  
**BROWARD**

4. FEI Number  
**65-0632721**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLINA; SEBASTIAN  
6191 W. ATLANTIC BLVD #6  
MARGATE FL 33063**

7. Name and Address of New Registered Agent  
Name **GALLINA SEBASTIAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 UNIVERSITY DR.  
SUITE # 104**  
City **CORAL SPRINGS** FL Zip Code **33071**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-03**

**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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PSTD	GALLINA, SEBASTIAN 2871 NW 78 AVE MARGATE FL 33063	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	D	GALLINA, JOSEPHINE 2871 NW 78 AVE MARGATE FL 33063	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<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: *[Signature]* **SEBASTIAN GALLINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03** **954-752-1132**  
Date Daytime Phone #

CR25034 (1/02)