

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047346

1. Entity Name

TAGS INSURANCE, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90228 031 \*\*\*150.00

Principal Place of Business

1607 PROPERTY FARMS RD  
LAKE PARK FL

Mailing Address

1607 PROPERTY FARMS RD  
LAKE PARK FL 33403-2026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0665610

Applied For

Not Applicable

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

CUSENZA, ROBERT  
1819 N DIXIE HWY  
LAKE WORTH FL 33460

Name

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

1195 NORTH MILITARY TRAIL SUITE 1-B  
City WEST PALM BEACH FL Zip Code 33409

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSENZA, KAREN STREET ADDRESS 1607 PROPERTY FARMS RD CITY-ST-ZIP LAKE PARK FL	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUSENZA, MARY A STREET ADDRESS 1607 PROPERTY FARMS RD CITY-ST-ZIP LAKE PARK FL	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>
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NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>	NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/>

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

Karen Cusenza Karen Cusenza

Date

Daytime Phone #

3-29-2000 561-863824