

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047346

1. Entity Name  
TAGS INSURANCE, INC.

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90121 018 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>1607 PROPERTY FARMS RD<br>LAKE PARK FL | Mailing Address<br>1607 PROPERTY FARMS RD<br>LAKE PARK FL |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 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 | <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |   |  |  |
|---|---|--|--|
| 6. Name and Address of Current Registered Agent                               | 7. Name and Address of New Registered Agent |  |  |
| CUSENZA, ROBERT<br>1195 N. MILITARY TRAIL STE 1-B<br>WEST PALM BEACH FL 33409 |   | Name   |  |
|   |   | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |   | City <b>FL</b> 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.

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.<br>(See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

561-863 8247

Date

Daytime Phone #

CR2E034 (10/00)