

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90404 003 ***150.00

DOCUMENT # P96000077827

1. Entity Name
REPUBLIC INSURANCE AGENCY, INC.



Principal Place of Business
**111 SECOND AVENUE N.E.
ST. PETERSBURG FL 33701**

Mailing Address
**111 SECOND AVENUE N.E.
ST. PETERSBURG FL 33701**

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 **59-3452835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, CHRISTOPHER M
111 SECOND AVENUE N.E.
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **THOMAS A. MANN II**
Street Address (P.O. Box Number is Not Acceptable)
111 SECOND AVENUE N.E.
City **ST. PETERSBURG** FL Zip Code **33701**

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

(NOTE: Registered Agent signature required when reinstating)

1/30/03
DATE

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOWMAN, RITA	
STREET ADDRESS	111 SECOND AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALZONE, WILLIAM H	
STREET ADDRESS	111 SECOND AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITTLE, EVAN	
STREET ADDRESS	100 SECOND AV S	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, CHRISTOPHER M	
STREET ADDRESS	111 SECOND AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, AMY	
STREET ADDRESS	111 SOUND AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, THOMAS A.	
STREET ADDRESS	111 SECOND AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 the empowered.

SIGNATURE:

THOMAS A. MANN II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 721/502-3748
Date Daytime Phone #

CR2E034 (10/02)