

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000094235**

1. Entity Name

THEODORE K. TOMBROS INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**499 EAST CENTRAL PARKWAY, SUITE 240
ALTAMONTE SPRINGS FL 32701****3960 LANCASHIRE LANE
LONGWOOD FL 32779**

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

59-3411413

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.
(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	PSTD	<input type="checkbox"/> Delete
NAME	TOMBROS, THEODORE K	
STREET ADDRESS	499 EAST CENTRAL PARKWAY, SUITE 240	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		<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		<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		

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:

Theodore K Tombros - Theodore K Tombros 5-30-01 407-830-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

T8

FILED

01 JUL 12 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

July 6, 2001

Attachment *Pg 2 of 2*
#P96000094235

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref. P96000094235

This letter is a request (plea) to have the late fee waived on my "Annual report/uniform business report". The documents I sent to your office on May 30th were delayed because of a family emergency. A family member went into Orlando Regional Medical Center on April 30th for an emergency aortic aneurysm and time just slipped past the May 1st date. I am sorry for my tardiness in getting you these documents. Due to the circumstances, your consideration in dropping the late fee would be greatly appreciated.

Sincerely,



Theodore K. Tombros

(65) 30 000
RECEIVED BY TELETYPE UNIT 10/10/01 10:10 AM
10/10/01 10:10 AM

THEODORE K. TOMBROS
499 E. CENTRAL PARKWAY, SUITE 240 ALTAMONTE SPRINGS, FL 32701
(407) 830-8810

JUL 10 2001 10:10 AM