

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90136 046 ***150.00

DOCUMENT # P96000096356

1. Entity Name
THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.

Principal Place of Business

716 N MAIN STREET
KISSIMMEE FL 34744
US

Mailing Address

PO BOX 423087
KISSIMMEE FL 34742
US

2. Principal Place of Business

1000 EMMETT ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

KISSIMMEE, FL

City & State

Zip

Country

OSCEOLA

Zip

Country

4. FEI Number

59-3428004

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAMOS, JUSTINA
861 PISA LANE
POINCIANA FL 34758-4308

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | RAMOS, JUSTINA | |
| STREET ADDRESS | 861 PISA LANE | |
| CITY-ST-ZIP | POINCIANA FL 34758-4308 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RAMOS, RUBEN | |
| STREET ADDRESS | 861 PISA LANE | |
| CITY-ST-ZIP | POINCIANA FL 34758-4308 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, ILIANA | |
| STREET ADDRESS | 861 PISA LANE | |
| CITY-ST-ZIP | POINCIANA FL 34758-4308 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

RUBEN RAMOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (407)846-1648
 Date Daytime Phone #

CR2E034 (9/01)