

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048275

1. Entity Name
MERSEL INSURANCE AGENCY, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 009 ***150.00

0104251 AV

Principal Place of Business
3461 EDGEWATER DR.
ORLANDO FL 32804

Mailing Address
3461 EDGEWATER DR.
ORLANDO FL 32804

2. Principal Place of Business
3536 Edgewater Drive
Suite, Apt. #, etc.

3. Mailing Address
3536 Edgewater Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL
Zip
32804
Country
Orange

City & State
Orlando, FL
Zip
32804
Country
Orange

4. FEI Number 59-3449144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERSEL CINDA S
3461 EDGEWATER DR
ORLANDO FL 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cinda Mersel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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 D
NAME MERSEL, CINDA S
STREET ADDRESS 3461 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Cinda Mersel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 407-416-7900

Date

Daytime Phone #

CR2E034 (10/02)