## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POZOCOCA200

1. Corporation Name UNITED INSURANCE PROFESS  Principal Place of Business		Barkerika da karanda d			
1408 N. WESTSHORE BLVD STE. 800 · 1408 N. WESTSHORE BLVD STE. 800 TAMPA FL 33609 TAMPA FL 33609			DO NOT WRITE	IN THIS SDACE	
			3. Date Incorporated or Qualifed 07/23/1997	· ·	
Principal Place of Business     The Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3464214		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7 Fe	
City & State	City & State	٠.	Election Campaign Financing     Trust Fund Contribution	□ <b>\$5.</b>	
Zip Country 25	11	Country 30	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	
9. Name and Address of Ci	urrent Registered Agent		10. Name and Address of New Reg	stered Agent	
VITELLO, JOSEPH JR. 1408 N. WESTSHORE BLVD., STE. 800		81 Name 82 Street A	t Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609		83			
Table of the state	20.00 15 B	84 City	makan Tura Amerika samuda Tura	FL 85	
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the o	State of Florida, Such change was au	thorized by the corpor	orporation submits this statement for the pur ation's board of directors. I hereby accept th	pose of changin e appointment a	
SIGNATURE Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE: I	Registered Agent signature rec	guired when reinstating) ₁ ધ , ৺√ ધ ;	DATE	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE D	☐ DELETE	1.1_TITLE	Company of the Compan	☐ Char	
NAME TITLIS DANIEL I	•	1.2 NAME			

**FILED** Jan 29, 1999 8:00am **Secretary of State** 

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Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

TAM	IPA FL 33609		and the state of t	* \$1925 A. S.A. P. C. 98	2012 24 1891		
IAM	FA FL 33009	83					
		84 City	**************************************	85 Zip (	Code		
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office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florida.	horized by the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered		
SIGNATURE							
12.		pgistered Agent signature required when reinstating) (1) (2) DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	OFFICERS AND DIRECTORS						
TITLE	D DELETE	1.1,TITLE	JA99010	Change	☐ Addition		
NAME	TITUS, DANIEL L	1.2 NAME		•			
STREET ADDRESS	1408 N. WESTSHORE BLVD., STE. 800	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	•				
TITLE .	D DELETE	2.1 TITLE	•	☐ Change	☐ Addition		
NAME	· TITUS, BRUCE E	2.2 NAME					
STREET ADDRESS	1408 N. WESTSHORE BLVD., STE. 800	2.3 STREET ADDRESS					
ÇITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	•	Change	☐ Addition		
NAME	VITELLO, JOSEPH JR.	3.2 NAME	•				
STREET ADDRESS	1408 N. WESTSHORE BLVD., STE. 800	.3.3 STREET ADDRESS	en e	** / F.	21.15		
CITY-ST-ZIP	TAMPA FL 33609	3.4. CITY-ST-ZIP	一个一个人,我们还被继续指挥。"				
TTILE	DELETE	4.1 TTLE	er in the factor of the	Change .	∵ ∐'Addition		
NAME .	TO SECULO OF SECULO 1	4. 2 NAME .					
STREET ADDRESS		4.3 STREET ADDRESS		÷			
CITY-ST-ZIP		4,4 CITY-ST-ZIP	•				
TITLE	DELETE	5.1 TITLE		Change	Addition		
ŅAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS			:		
CITY-ST-ZIP	9	5.4 CITY-ST-ZIP			1		
TITLE	CERTAIN CONTROL DELETE	6.1 TITLE		Change	Addition		
NAME .	1468 A 1068 2594 2179 21709, \$48 , \$58	6.2 NAME					
STREET ADORESS	<b>从是"这是"的</b>	6.3 STREET ADDRESS			Ì		
CITY-ST-ZIP	ที่มีสาสตร์และสายสาย ประชาการ	6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual report is tree 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 trestees appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an oddress, with all other like empowered.

**SIGNATURE** 

REQUIREDJOSEPH VITELLO, JR 1/8/1999

(813) 289-5200