

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064399

1. Entity Name

UNITED INSURANCE PROFESSIONAL, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 009 ***550.00

Principal Place of Business

1408 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33609

Mailing Address

1408 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33609

2. Principal Place of Business

5680-A W. Cypress St.

3. Mailing Address

P.O. Box 22668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

Zip

33622-2668

Country

4. FEI Number

59-3464214

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

VITELLO, JOSEPH JR.
1408 N. WESTSHORE BLVD., STE. 800
TAMPA FL 33609

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **TITUS, DANIEL L**
STREET ADDRESS **1408 N. WESTSHORE BLVD., STE. 800**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **TITUS, BRUCE E**
STREET ADDRESS **1408 N. WESTSHORE BLVD., STE. 800**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **VITELLO, JOSEPH JR.**
STREET ADDRESS **1408 N. WESTSHORE BLVD., STE. 800**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Titus, Daniel L**
STREET ADDRESS **5680-A W. Cypress St.**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☒ Change ☐ Addition
NAME **Titus, Bruce E**
STREET ADDRESS **5680-A W. Cypress St.**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☒ Change ☐ Addition
NAME **Vitello, Joseph Jr.**
STREET ADDRESS **5680-A W. Cypress St.**
CITY-ST-ZIP **Tampa, FL 33607**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

Date

813-289-5200

Daytime Phone #

CR2000-11/00