

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079929

1. Entity Name

ANGELA TURANICZO INSURANCE AGENCY INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90051 006 ***150.00

Principal Place of Business 6550 102ND AVE #7 PINELLAS PARK FL 33782 US	Mailing Address 6550 102ND AVE #7 PINELLAS PARK FL 33782-3030 US
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2. Principal Place of Business 5647 Park Street Suite, Apt. #, etc.	3. Mailing Address 5647 Park Street Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State St Petersburg FL
Zip 33709	Country US

4. FEI Number 59-3459781	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURANICZO, ANGELA
6550 102 AVE NO 7
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name
Angela Turaniczo Nicholas

Street Address (P.O. Box Number is Not Acceptable)
5647 Park Street

City
St Petersburg FL

Zip Code
33709

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P TURANICZO, ANGELA 137 104TH AVE., #2 TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Angela Turaniczo Nicholas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 137 104TH AVE # 6 Treasure Island FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Angela Turaniczo Nicholas 4-18-00 727-5450621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)