2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90034 038 ***150.00

DOCUMENT # P98000036733

1. Entity Name

CUGLIETTA'S INSURANCE, INC.

Principal Place of Business: 4599 Devonshire Blvd. Palm Harbor, FL 34685

Mailing Address

658562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
800 N. Belcher Rd.		800 N. Belcher Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33765	Country: US	Zip: 33765	Country: US.

4. FEI Number: 59-3513662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Cuglietta, Gerard J.
4599 Devonshire Blvd.
Palm Harbor, FL 34685

7. Name and Address of New Registered Agent

Name: Gerard J. Cuglietta
Street Address (P.O. Box Number is Not Acceptable): 800 N. Belcher Rd.
City: Clearwater **FL** Zip Code: 33765

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 ______________________ DATE: 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	Cuglietta, Gerard J.	NAME	Gerard J. Cuglietta
STREET ADDRESS	4599 Devonshire Blvd.	STREET ADDRESS	800 N. Belcher Rd.
CITY-ST-ZIP	Palm Harbor, FL 34685	CITY-ST-ZIP	Clearwater, FL ~~34685~~ 33765
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] Gerard J. Cuglietta, Pres 4/26/01 (813) 927-8780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #