

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039792

1. Entity Name

THE ASSURANCE AGENCY, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90023 013 ***150.00

Principal Place of Business

Mailing Address

16057 TAMPA PALMS BLVD., W. #161
TAMPA FL 33647

16057 TAMPA PALMS BLVD. WEST
#161
TAMPA FL 33647-2001

2. Principal Place of Business

7711 10th AVE NW

3. Mailing Address

P.O. Box 14907

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34209

Country

Zip

34208-4907

Country

4. FEI Number

59-3509146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELL, BRUCE

5100 BURCHETTE RD., SUITE 1701

TAMPA FL 33647

Name

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

7711 10th AVE N.W.

City

Bradenton,

FL

Zip Code

34209

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS DANIELL, BRUCE
CITY-ST-ZIP 16057 TAMPA PALM BLVD. WEST- 161-
TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Physical & mailing address
CITY-ST-ZIP As above in #2 & 3.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 941 761-4436

CR2E034 (9/99)