

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90017 024 ***150.00

00023127



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000087958

1. Entity Name
COMMERCIAL INSURANCE MARKETING, INC.

| | |
|---|--|
| Principal Place of Business 1626 BARBER RD STE A SARASOTA FL 34240 | Mailing Address 1626 BARBER RD SARASOTA FL 34240-9393 |
|---|--|

| | | | | | | | |
|---------------------------------------|---------|---------------------------|---------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0871275 | | <input type="checkbox"/> Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| WELCH, MICHAEL 7317 OAK RUN LANE SARASOTA FL 34243 | | | | Name James Michael Welch | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 6231 Medici Court Apt. 109 | | | |
| | | | | City Sarasota FL Zip Code 34243 | | | |

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: *James Michael Welch* James Michael Welch, President DATE: 2-11-00

(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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------|---------------------------------|--|---|-----------------------------|--|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WELCH, JAMES MICHAEL | | | NAME | James Michael Welch | | |
| STREET ADDRESS | 7317 OAK RUN LN | | | STREET ADDRESS | 6231 Medici Court, Apt. 109 | | |
| CITY-ST-ZIP | SARASOTA FL | | | CITY-ST-ZIP | Sarasota, FL 34243 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *James Michael Welch* James Michael Welch, President DATE: 2-11-00 (941) 378-2522

CR2E034 (9/99)