

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090552

1. Entity Name

C & M INSURANCES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90071 024 ***150.00

Principal Place of Business

2575 ULMERTON ROAD
CLEARWATER FL 33762

Mailing Address

2575 ULMERTON ROAD
CLEARWATER FL 33762-2283

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3540215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADIO, RALPH R
3829 HOLLYWOOD BLVD.
SUITE C
HOLLYWOOD FL 33021

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 \$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	PD	<input type="checkbox"/> Delete
NAME	MADIO, ROBERT R	
STREET ADDRESS	2575 ULMERTON ROAD	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MADIO, RUSS R	
STREET ADDRESS	3829 HOLLYWOOD BLVD. STE C	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MADIO, RALPH R	
STREET ADDRESS	3829 HOLLYWOOD BLVD STE C	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALABELLO, ED	
STREET ADDRESS	2430 DESOTO DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00

954-966-2116

CR2F034 (9/99)