

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p99000000 374**  
 1. Entity Name **All Trust Insurance, Inc.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**  
 06-08-2000 90028 032 \*\*\*150.00

Principal Place of Business Mailing Address  
**709 W. Oak Ridge Rd.**  
**Orlando, FL 32809**

2. Principal Place of Business **913 E North Blvd**  
 Suite, Apt. #, etc. **S-6**  
 City & State **Leesburg, FL**  
 Zip **34748** Country **USA**

3. Mailing Address **same**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEL Number **59-3553228** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Roger A. Foote**  
**709 W. Oak Ridge Rd**  
**Orlando, FL 32809**

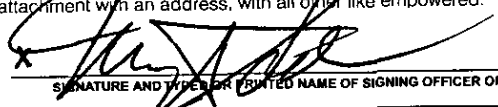
7. Name and Address of New Registered Agent  
 Name **Kayton Scarborough**  
 Street Address (P.O. Box Number is Not Acceptable) **913 E. North Blvd.**  
 City **Leesburg** FL Zip Code **34748**

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 **4/25/00**  
 (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, 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	<b>President</b> <b>Kayton Scarborough</b> <b>15000 Thoroughbred Lane</b> <b>Montverde, FL 34756</b> <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>913 E North Blvd</b> <b>Leesburg, FL 34748</b>
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
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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:  DATE **4/25/00** DAYTIME PHONE # **352-326-5453**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)