

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000000992

1. Entity Name

COLEY INSURANCE SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781

4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781-3538

2. Principal Place of Business

4326 Park Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

Pinellas Park, FL

City & State

4. FEL Number

59-3556977

Applied For

Not Applicable

Zip

Country

Zip

Country

33781-3538

Pinellas

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

COLEY, LYNETTE
4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lynette Coley
4643 23rd Street North
St. Petersburg, FL 33714

☐ Delete

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

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☐ Change ☐ 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:

Lynette Coley
Lynette Coley - President

Date

3-14-00

Daytime Phone #

727-548-5555

CR2034 (9/99)