

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90490 047 \*\*\*150.00

**DOCUMENT # P99000005731**

1. Entity Name  
**HALLANDALE INSURANCE AGENCY, INC.**



Principal Place of Business  
**1107 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

Mailing Address  
**1107 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

2. Principal Place of Business  
**307 NORTH HIGHLAND**  
Suite, Apt. #, etc.

3. Mailing Address  
**307 NORTH HIGHLAND**  
Suite, Apt. #, etc.

City & State  
**HOLLYWOOD FL**  
Zip  
**33021**

City & State  
**HOLLYWOOD FL**  
Zip  
**33021**

4. FEI Number  
**65-0888223**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**ROUTHIER, HELEN  
1107 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name  
**HELEN ROUTHIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 NORTH HIGHLAND**  
City  
**HOLLYWOOD FL** Zip Code  
**33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**0** ☐ Delete  
NAME  
**ROUTHIER, HELEN**  
STREET ADDRESS  
**1107 E. HALLANDALE BEACH BLVD.**  
CITY-ST-ZIP  
**HALLANDALE FL 33009**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
**307 NORTH HIGHLAND**  
CITY-ST-ZIP  
**HOLLYWOOD FL 33021**

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE **Helen Routhier, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)