

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006584

1. Entity Name

FINANCIAL INSURANCE EXCHANGE, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90005 030 ***150.00

Principal Place of Business

5319 U.S. HWY 19
NEW PORT RICHEY FL 34652

Mailing Address

5319 U.S. HWY 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3551225

Applied For

Not Applicable

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

LUBRANO, VINCENT M
17105 GULF BLVD., APT. 225
NO. REDINGTON BEACH FL 33708

Name

Sharon A Price

Street Address (P.O. Box Number is Not Acceptable)

7801 Iliad Ave

City

Hudson

FL

Zip Code

34667

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, 2001 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 P
NAME LUBRANO, VINCENT M
STREET ADDRESS 17105 GULF BLVD., APT. 225
CITY-ST-ZIP NO. REDINGTON BEACH FL 33708 ☒ Delete

TITLE P
NAME SHARON A PRICE
STREET ADDRESS 7801 Iliad Ave.
CITY-ST-ZIP Hudson - FL 34667 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Sharon A Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

727-846-8212
Daytime Phone #

CR2E034 (10/00)