

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90133 022 \*\*\*150.00

**DOCUMENT # P99000007592**



1. Entity Name  
**COMMERCIAL INSURANCE MANAGEMENT, INC.**

Principal Place of Business  
605 S. FREMONT AVE.  
TAMPA FL 33606

Mailing Address  
PO BOX 941330  
MAITLAND FL 32794-1330  
US

2. Principal Place of Business  
**12902 Commodity Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**12902 Commodity Place**  
Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number **59-3555408**

Applied For  
Not Applicable

Zip **33626** Country **U.S.**

Zip **33626** Country **U.S.**

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

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

**FARMER, RICHARD A**  
**1405 GREEN LOVE RD**  
**WINTER PARK FL 32789**

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

Name **Barry Brannan**  
Street Address (P.O. Box Number is Not Acceptable)  
**10501 Marlinton Place**  
City **Tampa** FL Zip Code **33626**

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 **Barry Brannan President**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/22/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRANNAN, BARRY G</b> <b>605 S. FREMONT AVE.</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>FARMER, RICHARD A</b> <b>P.O. BOX 941330</b> <b>MAITLAND FL 32794-1330</b>	<input checked="" 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

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

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
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

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: **Barry Brannan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 813-610-5427**  
Date Daytime Phone #

0000407 AV

CR2E034 (10/02)