

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045325

1. Entity Name
ROONEY AGENCY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90072 014 ***158.75

Principal Place of Business

Mailing Address

959 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

959 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429-2694

2. Principal Place of Business

6202 W. Corporate Oaks Dr.
Crystal River, FL 34429

3. Mailing Address

6202 W. Corporate Oaks Dr.
Crystal River, FL 34429

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-3572119

Applied For

Not Applicable

Zip

34429

Country

USA

Zip

34429

Country

USA

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

ROONEY, NICOLE A
4586 KIRKLAND AVE.
SPRING HILL FL 34606

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Nicole A. Rooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

352-795-1008

Daytime Phone #

CR2F034 (9/99)