

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000052959

FILED
Jan 13, 2003
Secretary of State

Entity Name: SUREBET INSURANCE AGENCY, INC.

Current Principal Place of Business:

15832 SANCTUARY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15832 SANCTUARY DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3574374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIA, ALBERT III
15832 SANCTUARY DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ELIA, ALBERT III
Address: 15832 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: ELIA, MARY ELLEN
Address: 15832 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ELIA, ALBERT III
Address: 15832 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

Title: VSD (X) Change () Addition
Name: ELIA, MARY ELLEN
Address: 15832 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT ELIA III

PTD

01/13/2003

Electronic Signature of Signing Officer or Director

Date