

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90081 008 ***150.00

DOCUMENT # P99000060181

1. Entity Name

CONSOLIDATED INSURANCE AGENCY OF AMERICA, INC.

Principal Place of Business

**455 FAIRWAY DR
 DEERFIELD BEACH FL 33441**

Mailing Address

**455 FAIRWAY DR
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

10 Fairway Drive

3. Mailing Address

10 Fairway Drive

Suite, Apt. #, etc.

Suite 216

Suite, Apt. #, etc.

Suite 216

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-0970606

Applied For

Not Applicable

Zip
33441

Country
US

Zip
33441

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SADER, ROBERT L

1901 W. CYPRESS CREEK RD, SUITE 415

FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE **VTD** ☐ Delete
 NAME **GIFFORD, ANGELA C**
 STREET ADDRESS **455 FAIRWAY DRIVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PD** ☐ Delete
 NAME **MARKHAM, SHARON**
 STREET ADDRESS **455 FAIRWAY DRIVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Gifford, Angela C**
 STREET ADDRESS **10 Fairway Drive, Suite 216**
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE **President** ☒ Change ☐ Addition
 NAME **Markham, Sharon**
 STREET ADDRESS **10 Fairway Drive, Suite 216**
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Angela C Gifford*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2002 (CB) 428-4150

Date

Daytime Phone #

CR2E034 (9/01)