

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90099 018 ***150.00

DOCUMENT # P99000060181

1. Entity Name
CONSOLIDATED INSURANCE AGENCY OF AMERICA, INC.



Principal Place of Business
**10 FAIRWAY DR
STE 216
DEERFIELD BEACH FL 33441**

Mailing Address
**10 FAIRWAY DR
STE 216
DEERFIELD BEACH FL 33441**

90009983



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

☐ CHECK HERE IF MAKING CHANGES

Zip
33441

Country
US

Zip
33441

Country
US

4. FEI Number
65-0970606

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

**SADER, ROBERT L
1901 W CYPRESS CREEK RD, SUITE 415
FT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GIFFORD, ANGELA C
10 FAIRWAY DR STE 216
DEERFIELD BEACH FL 33441** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARKHAM, SHARON
10 FAIRWAY DR STE 216
DEERFIELD BEACH FL 33441** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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: Angela Gifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2003 (954) 428-4150

Date

Daytime Phone #

CR2E034 (10/02)