

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069258

1. Entity Name

SANDY GAREAU INSURANCE AGENCY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90046 046 ***150.00

Principal Place of Business

9971 48 AVE NORTH
 ST PETERSBURG FL 33708

Mailing Address

9971 48 AVE NORTH
 ST PETERSBURG FL 33708-3621

2. Principal Place of Business

5141 SEMINOLE BLVD.

Suite, Apt. #, etc.

SUITE F

City & State

ST PETERSBURG FL

Zip

33708

Country

FLORIDA

3. Mailing Address

5141 SEMINOLE BLVD.

Suite, Apt. #, etc.

SUITE F

City & State

ST PETERSBURG FL

Zip

33708

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3591502

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

Name

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

City

FL

Zip Code

GAREAU, ALEXANDRA
 9971 48 AVE NORTH
 ST PETERSBURG FL 33708

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	PS	<input type="checkbox"/> Delete
NAME	GAREAU, ALEXANDRA	
STREET ADDRESS	9971 48 AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alexandra Gareau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-24-00

✓ 727-394-9339

CR2E034 (9/99)