

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90036 012 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000089005** ✓

1. Entity Name

**Insurance Innovations, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1400 SW 16th Street**

Suite, Apt. #, etc.

3. Mailing Address

**102 NE 2nd Street**

Suite, Apt. #, etc.

**PMB #281**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33486**

Country

**USA**

Zip

**33432**

Country

**USA**

4. FEI Number

**65-0956652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Corporation Service Company**

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

**1201 Hays Street**

City

**Tallahassee**

**FL**

Zip Code  
**32301**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$350.00  
Amended 08/31/01  
This shall apply to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Joseph Santiago  
1400 SW 16th Street  
Boca Raton, FL 33286**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
Daniel O'Neal  
2760 NE 23rd Place  
Pompano Beach, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joseph Santiago**

**4/29/02**

**561-392-8499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)