

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90057 015 ***150.00

DOCUMENT # P99000091241

1. Entity Name
GLOBE INSURANCE AGENCY, INC.



Principal Place of Business
5001 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Mailing Address
5001 CENTRAL AVENUE
ST. PETERSBURG FL 33710



2. Principal Place of Business

17729 GULF BLVD
Suite, Apt. #, etc.
UPPER

3. Mailing Address

17729 GULF BLVD
Suite, Apt. #, etc.
UPPER

☐ CHECK HERE IF MAKING CHANGES

City & State
REDINGTON SHORES FL.

City & State
REDINGTON SHORES FL.

4. FEI Number 59-3604444

Applied For
Not Applicable

Zip 33708 Country PINELLAS

Zip 33708 Country PINELLAS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONEY, JOHN L.
3862 CENTRAL AVENUE
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name
MEL KAPLANI
Street Address (P.O. Box Number is Not Acceptable)
17729 GULF BLVD
City REDINGTON SHORES FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mel Kaplani MEL KAPLANI PRESIDENT 4/11/03
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

TITLE DPC
NAME KAPLANI, MEL ☐ Delete
STREET ADDRESS 5001 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VTS
NAME KAPLANI, BLANCHE ☐ Delete
STREET ADDRESS 5001 CENTRAL AVENUE
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE S
NAME ELKINS, DEBORAH ☐ Delete
STREET ADDRESS 5001 CENTRAL AVENUE
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17729 GULF BLVD.
CITY-ST-ZIP REDINGTON SHORES FL. 33708

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17729 GULF BLVD
CITY-ST-ZIP REDINGTON SHORES, FL. 33708

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STREET ADDRESS
CITY-ST-ZIP

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

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: Mel Kaplani MEL KAPLANI PRESIDENT 4/11/03 (727) 393-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)