

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90008 007 \*\*\*150.00

DOCUMENT # **P090000091981**  
 1. Entity Name  
**UNITED INSURANCE INC.**



Principal Place of Business Mailing Address  
**13575 58<sup>TH</sup> ST. N.** **13575 58<sup>TH</sup> ST. N.**  
**SUITE 139** **SUITE 139**  
**CLEARWATER FL.** **CLEARWATER, FL 33760**  
**33760**

**00074395**

2. Principal Place of Business 3. Mailing Address  
**13575 58<sup>TH</sup> ST. N.** **13575 58<sup>TH</sup> ST. N.**  
 (Suite, Apt. #, etc.) (Suite, Apt. #, etc.)  
**139** **139**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**CLEARWATER, FLORIDA** **CLEARWATER, FLORIDA**  
 Zip Country Zip Country  
**33760 USA** **33760 USA**

4. FEL Number Applied For  
**593603712** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P. A.**  
**3623 WEST KENNEDY BLVD.**  
**TAMPA, FL. 33609**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MICHAEL SPELLISSY</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DAVID SLEDD</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MICHAEL SPELLISSY</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER, FL. 33760</b>	
TITLE <b>TREASURER</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MICHAEL SPELLISSY</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILBERT B. SWARTS</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILBERT B. SWARTS</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILBERT B. SWARTS</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILBERT B. SWARTS</b>	
STREET ADDRESS <b>13575 58<sup>TH</sup> ST. N. SUITE 139</b>	
CITY-ST-ZIP <b>CLEARWATER, FL. 33760</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

**(727) 538-7721**

CR2E034 (11/00)

Attachment Doc # P99000091981

TO: <sup>C6074895</sup> DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL. 32399

FROM: UNITED INSURANCE INC.  
13575 58<sup>th</sup> ST. N. SUITE 139  
CLEARWATER, FL. 33760

UNITED INSURANCE DID NOT RECEIVE  
2001 UNIFORM BUSINESS REPORT (UBR) AND  
REQUESTED A COPY TO BE SENT TO  
UNITED INSURANCE FOR FILING. AS  
PER A CONVERSATION WITH YOUR  
OFFICE I AM SENDING A CHECK  
FOR \$150.00

Sincerely,

Michael Gentry