

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 58TH ST. N. SUITE 139 CLEARWATER FL. 33760
13575 58TH ST. N. SUITE 139 CLEARWATER, FL 33760

00074395

2. Principal Place of Business 3. Mailing Address
13575 58TH ST. N. SUITE 139
 (Suite, Apt. #, etc.) (Suite, Apt. #, etc.)

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 PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME MICHAEL SPELLISSY	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME DAVID SLEDD	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE SECRETARY	<input checked="" type="checkbox"/> Delete
NAME MICHAEL SPELLISSY	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER, FL. 33760	
TITLE TREASURER	<input checked="" type="checkbox"/> Delete
NAME MICHAEL SPELLISSY	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
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 PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT B. SWARTS	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT B. SWARTS	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT B. SWARTS	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT B. SWARTS	
STREET ADDRESS 13575 58TH ST. N. SUITE 139	
CITY-ST-ZIP CLEARWATER, FL. 33760	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 538-7721

CR2E034 (11/00)

Attachment Doc # P99000091981

TO: ^{C6074895} DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL. 32399

FROM: UNITED INSURANCE INC.
13575 58th 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