

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90736 003 ***158.75

DOCUMENT # 525269

1. Entity Name

Friendly Auto Insurance of
Longwood, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 East Hwy 434

Suite, Apt. #, etc.

3. Mailing Address

1535 N. Maitland Ave.

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Maitland Florida

4. FEI Number

59-3045357

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

B0061848

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lloyd E Register

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

1535 N. Maitland Avenue

City

Maitland

FL

Zip Code

32751

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 \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
Register, Lloyd E
507 Forestwood Ct.
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
Pace, Erick
1535 N. Maitland Avenue
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Register, Lloyd E. IV
1535 N. Maitland Avenue
Maitland, FL 32751

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erick Pace

Date

Daytime Phone #

3/28/02 407-260-2220

CR2E034B (12/01)