

DOCUMENT # **S52134**

## 1. Entity Name

**A. ABACUS-MR. AUTO INSURANCE OF VERO BEACH, INC.**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**



## Principal Place of Business

1225 S U.S. 1  
VERO BCH. FL 32962

## Mailing Address

1225 S U.S. 1  
VERO BCH. FL 32962

## 2. Principal Place of Business - No P.O. Box #

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0260214**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BOCCABELLA, JOELLE L**  
**1225 S US 1**  
**VERO BEACH FL 32962**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**4/9/07**  
 DATE

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **BOCCABELLA, JOELLE L**  
 STREET ADDRESS **1225 S US 1**  
 CITY-STATE-ZIP **VERO BCH. FL**

TITLE ☐ Change ☐ Addition  
 NAME **U00000699841**  
 STREET ADDRESS **04/19/07-80059-016 150.00**  
 CITY-STATE-ZIP

TITLE **DVS** ☐ Delete  
 NAME **BOCCABELLA, LOUIS J**  
 STREET ADDRESS **1225 S US 1**  
 CITY-STATE-ZIP **VERO BEACH FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

**Resident**
**4/9/07 772-569-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #