

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90151 038 \*\*\*150.00

**DOCUMENT # S65997**

1. Entity Name

**ST. PETERSBURG INSURANCE AGENCY, INC.**

Principal Place of Business

**1128 94TH AVENUE NORTH  
 ST. PETERSBURG FL 33702  
 US**

Mailing Address

**1128 94TH AVENUE N.  
 ST. PETERSBURG FL 33702  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0271420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENHAM, DAVID  
 3510 OVERLOOK DRIVE, N.E.  
 ST. PETERSBURG FL 33703**

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

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) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **BENHAM, DAVID A.**  
 CITY-ST-ZIP **3510 OVERLOOK DR. N.E.  
 ST. PETERSBURG FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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** *David A. Benham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-7-01**  
 Date

**727-577-7721**  
 Daytime Phone #

CR2E034 (5/01)

Attachment  
DH#565997  
A086363

T.S. CHECHELE, D.A.

Attorney at Law

T. Samantha Chechele, Esq.  
5625 Central Avenue  
St. Petersburg, FL 33710

Phone (727) 381-6007  
Facsimile (727) 381-7909

September 7, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: St. Petersburg Insurance Agency, Inc.

Dear Sir or Madam:

I am writing on behalf of the above-referenced corporation, transmitting the corporation's 2001 Uniform Business Report to you.

We are requesting that you accept the enclosed check, in the amount of \$150.00, as payment in full of the 2001 filing fee. Payment of the additional penalty for late filing will result in an extreme financial hardship to this company and its sole shareholder.

The report was not timely filed, due to the fact that the officer did not receive the UBR form until after the initial due date. The non-filing was an oversight and was only discovered when the corporation presented its information to the CPA for filing the tax return for 2000 and he inquired as to the status of the Uniform Business Report.

We respectfully request relief in this matter. Thank you for your consideration and assistance.

Very truly yours,



T. Samantha Chechele

cc: David A. Behnam, President

Enclosures