## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # S69863** CASH REGISTER AUTO INSURANCE OF COLLIER COUNTY, 02-12-2001 90251 015 \*\*\*158.75 Principal Place of Business Mailing Address 1535 NORTH MAITLAND AVENUE 1535 NORTH MAITLAND AVENUE MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0277281 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGISTER: LLOYD Street Address (P.O. Box Number is Not Acceptable) 1535 N MAITLAND AVE. MAITLAND FL 32751 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REGISTER, LLOYD NAME STREET ADDRESS STREET ADDRESS 507 E. FORESTWOOD CT. CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PACE, ERICK NAME STREET ADDRESS 1535 N MAITLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME REGISTER. LLOYD E IV NAME STREET ADDRESS 1535 N. MAITLAND AVENUE STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 accurage 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.

Erickface

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR