

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90038 037 ***150.00

0135337 AT

DOCUMENT # S89064

1. Entity Name
STEVEN REILLY INSURANCE AGENCY, INC.



Principal Place of Business
**526 CENTRAL AVENUE
200
ST. PETERSBURG FL 33701-3704
US**

Mailing Address
**POST OFFICE BOX 861
ST. PETERSBURG FL 33731-0861
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 **59-3094999**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REILLY, STEVEN EDWARD
526 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG FL 33701**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D REILLY, STEVEN 526 CENTRAL AVENUE ST. PETERSBURG FL | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN REILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-03

Date

727-455-4089

Daytime Phone #

CR2E034 (4/03)

Steven

REILLY
Insurance, Inc.
Commercial • Business

Attachment

7-13-03

90143314
#589004

RE: \$150⁰⁰ fee.

Please note that my check #1641 was never cashed. I have sent in my \$150⁰⁰ fee for 14 straight years as I have this year. I called in about this complaint and ^{was} informed to write this letter as well as send in the 150⁰⁰ again. If you have any questions please call me at (727) 455-4089. I will consider the deposit of check as satisfactory fee.

Thank you

Steve E. Reilly