

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18496

1. Entity Name

CONSUMERS INSURANCE GROUP, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90353 009 ***150.00

Principal Place of Business

Mailing Address

902 W BUSCH BLVD #102
TAMPA FL 33612
US

902 W BUSCH BLVD #102
TAMPA FL 33612-7765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3112125

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JORGENSEN, PREBEN
15420 LIVINGSTON AVENUE
SUITE 2404
LUTZ FL 33549

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D ☐ Delete
NAME JORGENSEN, PREBEN
STREET ADDRESS 15420 LIVINGSTON AVENUE, SUITE 2404
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME Jorgensen, Preben
STREET ADDRESS 5204 Avenue Medoc
CITY-ST-ZIP Lutz, Fl. 33549

TITLE VP ☐ Delete
NAME RANDAZZO, VINCENT J
STREET ADDRESS 1008 SAMY DRIVE
CITY-ST-ZIP TAMPA FL 33613

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-00

Daytime Phone #

(813) 936-1500

CR2E034 (9/99)