

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18496

1. Entity Name
CONSUMERS INSURANCE GROUP, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90344 005 ***150.00

Principal Place of Business
902 W. BUSCH BLVD #102
TAMPA FL 33612
US

Mailing Address
902 W. BUSCH BLVD #102
TAMPA FL 33612
US

U J O J I U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1430 W. Busch Blvd.
Suite, Apt. #, etc.
Suite "D"
City & State
Tampa, Fla.
Zip
33612
Country
Hillsborough

3. Mailing Address
1430 W. Busch Blvd.
Suite, Apt. #, etc.
Suite "D"
City & State
Tampa, Fl. 33612
Zip
33612
Country
Hillsborough

4. FEI Number 59-3112125
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JORGENSEN, PREBEN
15420 LIVINGSTON AVENUE
SUITE 2404
LUTZ FL 33549

7. Name and Address of New Registered Agent
Name
Preben Jorgensen
Street Address (P.O. Box Number is Not Acceptable)
5204 Medoc Avenue
City
Lutz, FL Zip Code
33549

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 _____ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, PREBEN 5204 AVE MEDOC LUTZ FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDAZZO, VINCENT J 1008 SAMY DRIVE TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-29-01 (813) 936-1500

0345672

CR2E034 (10/00)



Doc. 65896
#V 18496

902 W. Busch Blvd.
Suite 102
Tampa, FL 33612
(813) 936-1500

5/16/01

To: Florida Dept of State
From: Consumers Ins Group Inc
59-3112125

Dear Luis & Madasi:

In the course of
moving our office recently,
some very important papers
were misplaced by the movers.
Please accept this late renewal
as we feel this was out of our
control

Our new address is:

Consumers Insurance Group, Inc
1430 W. Busch Blvd.
Ste D
Tampa, FL 33612

Thank you
Sincerely
C. Randall