

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90019 021 \*\*\*150.00

**DOCUMENT # V21494**



1. Entity Name  
**DIGIORGIO INSURANCE, INC.**

Principal Place of Business  
**8179 N PINE ISLAND RD  
TAMARAC FL 33321  
US**

Mailing Address  
**8179 N PINE ISLAND RD  
TAMARAC FL 33321  
US**

**70000929**



2. Principal Place of Business  
**7820 N. University Drive**

3. Mailing Address  
**7820 N. University Drive**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tamarac, Florida**

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**Tamarac, Florida**

4. FEI Number **65-0618165** Applied For  Not Applicable

Zip **33321** Country **BROWARD** Zip **33321** Country **BROWARD**

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

6. Name and Address of Current Registered Agent  
**DIGIORGIO, MICHAEL  
8179 N PINE ISLAND RD  
TAMARAC FL 33321**

7. Name and Address of New Registered Agent  
Name **Michael DiGiorgio**  
Street Address (P.O. Box Number is Not Acceptable)  
**7820 N. University Drive**  
City **Tamarac** FL Zip Code **33321**

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 DATE **1/02/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>DP DIGIORGIO, MICHAEL 6500 NW 41 TERR COCONUT CREEK FL 33073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** DATE **1/02/03** DAYTIME PHONE # **954-721-4959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)