

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V33805 ✓**

1. Entity Name

INSURANCE MAN INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90015 050 ***158.75

Principal Place of Business

Mailing Address

1024 SOUTH HARBOR CITY BLVD.
MELBOURNE FL. 32901

A0042901

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593121870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRIS COCHRAN
1024 SO. HARBOR CITY BLVD
MELBOURNE FL. 32901

7. Name and Address of New Registered Agent

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

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 **OP** **CHRIS A. COCHRAN** ☐ Delete
NAME **1024 SO. HARBOR CITY BLVD**
STREET ADDRESS **MELBOURNE FL 32901**
CITY-ST-ZIP

TITLE **OT** **MARILYN DELUCA** ☒ Delete
NAME **1024 SO. HARBOR CITY BLVD**
STREET ADDRESS **MELBOURNE FL 32901**
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **OT** **CHRIS COCHRAN** ☒ Change ☐ Addition
NAME **1024 S. HARBOR CITY BLVD**
STREET ADDRESS **MELBOURNE FL-32901**
CITY-ST-ZIP

TITLE **OS** **CHRIS COCHRAN** ☒ Change ☐ Addition
NAME **1024 S. HARBOR CITY BLVD**
STREET ADDRESS **MELBOURNE FL-32901**
CITY-ST-ZIP

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

TITLE **---** ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
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

Daytime Phone #

03-24-01 **321-957-4467**

CR2E034 (1/100)