

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91563 002 \*\*\*150.00

DOCUMENT # **V52814**

1. Entity Name

**JAMES ROAN INSURANCE AGENCY, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1225 DONNE DR**

3. Mailing Address

**1225 DONNE DR**

Suite, Apt. #, etc.

**Ft. Myers**

Suite, Apt. #, etc.

City & State

**FL**

City & State

**Ft Myers, FL**

4. FEI Number

**65-0346232**

Applied For

Not Applicable

Zip

**33919**

Country

**USA**

Zip

**33919**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JAMES ROAN**

Street Address (P.O. Box Number is Not Acceptable)

**1225 DONNE DR**

City

**Ft. Myers**

**FL**

Zip Code

**33919**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>P</b>	<b>JAMES ROAN</b>
NAME		<b>1225 DONNE DR</b>
STREET ADDRESS		<b>Ft MYERS, FL 33919</b>
CITY-ST-ZIP		
TITLE	<b>S</b>	<b>ELLEN W. ROAN</b>
NAME		<b>1225 DONNE DR</b>
STREET ADDRESS		<b>Ft MYERS, FL 33919</b>
CITY-ST-ZIP		
TITLE	<b>D</b>	<b>THOMAS W. ROAN</b>
NAME		<b>6735 Gold Field Dr.</b>
STREET ADDRESS		<b>Colorado Springs, CO 80911</b>
CITY-ST-ZIP		
TITLE	<b>D</b>	<b>RONALD H. ROAN</b>
NAME		<b>1287 CREE DR.</b>
STREET ADDRESS		<b>COLORADO SPRINGS, CO. 80915</b>
CITY-ST-ZIP		
TITLE	<b>D</b>	<b>ROBERT S. ROAN</b>
NAME		<b>18557 VIOLET</b>
STREET ADDRESS		<b>Ft MYERS, FL 33912</b>
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

**4-16-2002 941-939-9012**

CR2E034B (12/01)