

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90147 014 \*\*\*150.00

**DOCUMENT # V52814**

1. Entity Name  
**JAMES ROAN INSURANCE AGENCY, INC.**



Principal Place of Business  
**1225 DONNA DR  
FT MYERS FL 33919**

Mailing Address  
**1225 DONNA DR  
FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0346232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROAN, JAMES  
1225 DONNA DR  
FT MYERS FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

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, 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 **P** ☐ Delete  
NAME **ROAN, JAMES**  
STREET ADDRESS **1225 DONNA DR**  
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **S** ☐ Delete  
NAME **ROAN, ELLEN**  
STREET ADDRESS **1225 DONNA DR**  
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **D** ☐ Delete  
NAME **ROAN, THOMAS W**  
STREET ADDRESS **6735 GOLDFIELD DR**  
CITY-ST-ZIP **COLORADO SPRINGS CO 80911**

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

TITLE **D** ☐ Delete  
NAME **ROAN, RONALD H**  
STREET ADDRESS **860 OXFORD LANE 318-B**  
CITY-ST-ZIP **COLORADO SPRINGS CO 80915**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1287 Cree Dr.**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROAN, ROBERT S**  
STREET ADDRESS **18557 VIOLET SAN CARLOS PARK**  
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**  
Date

**239-939-9012**  
Daytime Phone #

CR2E034 (10/02)