

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91870 005 ***150.00

DOCUMENT # V62588

1. Entity Name
F.P.A. & ASSOCIATES INSURANCE, INC.



Principal Place of Business

~~5456 SAMPLE ROAD~~
~~MARGATE FL 33073~~
~~US~~

Mailing Address

~~5456 SAMPLE ROAD~~
~~MARGATE FL 33073~~
~~US~~

2. Principal Place of Business

325 JOHN KNOX ROAD

3. Mailing Address

325 JOHN KNOX ROAD

Suite, Apt. #, etc.

BLDG. C-132

Suite, Apt. #, etc.

BLDG. C-132

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

32303

Country

US

Zip

32303

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0360064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERATA, FILIPPO G.

~~4950 FISHERMAN DR~~

~~APT C~~

~~COCONUT CREEK FL 33063~~

7. Name and Address of New Registered Agent

Name

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

18530 BAMBI COURT

City

PERRY

FL

Zip Code

32348

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

TITLE **D** ☐ Delete
NAME **PERATA, FILIPPO G.**
STREET ADDRESS ~~4950 FISHERMAN DR APT C~~
CITY-ST-ZIP ~~COCONUT CREEK FL 33063~~

TITLE **D** ☐ Delete
NAME **PERATA, MARIA**
STREET ADDRESS ~~4950 FISHERMAN DR APT C~~
CITY-ST-ZIP ~~COCONUT CREEK FL 33063~~

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18530 BAMBI COURT**
CITY-ST-ZIP **PERRY, FLORIDA 32348**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18530 BAMBI COURT**
CITY-ST-ZIP **PERRY, FLORIDA 32348**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 officers empowered.

SIGNATURE:

MARIA PERATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

(850) 578-2933

Date Daytime Phone #

CR2E034 (10/02)