

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90124 028 ***150.00

03060274 AN

DOCUMENT # P99000014514
 1. Entity Name
EASTWOOD INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business 20803 N. WEST SECOND AVE MIAMI FL 33169 US	Mailing Address 20803 N. WEST SECOND AVE MIAMI FL 33169 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address Eastwood Insurance Agency	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 155 N. Riverview Dr.	
City & State		City & State Anaheim Hills	
Zip	Country	Zip	Country
		92808	US

4. FEI Number 65-0895351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DUNPHY, JOHN R BLANK, RIGSBY & MEENAN, P.A. 204 S. MONROE ST. TALAHASSEE FL 32301.				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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	Controller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PARTRIDGE, JUDITH			NAME	Feliciano Tabares		
STREET ADDRESS	155 RIVERVIEW DR.			STREET ADDRESS	155 N. Riverview Drive		
CITY-ST-ZIP	ANAHEIM HILLS CA 92808			CITY-ST-ZIP	Anaheim Hills, CA 92808		
TITLE	DTS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARTRIDGE, ARTHUR			NAME			
STREET ADDRESS	155 RIVERVIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	ANAHEIM HILLS CA 92808			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Feliciano Tabares* **Feliciano Tabares** 2/15/02 (714) 685-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)