2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2734 POLK STREET

K13214 DOCUMENT

1. Entity Name

Principal Place of Business

2734 POLK STREET

TED KLAMETZ, CLU, RHU, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90705 040 ***150.00

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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLAMETZ, TED (CLU, RHU) 2724 PDLK STREET HOLLYWOOD FL 330200 8. The abbove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and accept the obligations of registered agent, or both, in the State of Fords. I am form lifer with, and	City & State				City & State			4.	NOT ADDITION IN					
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12. I hereby certify that the information supplied with this filling 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: