

2001 UNIFORM BUSINESS REPORT (UBR) ¹⁵

DOCUMENT # **P96000021391**

1. Entity Name
LIPTON INSURANCE EXAMS, INC.

Principal Place of Business

**7021 SPENCER DRIVE
TALLAHASSEE FL 32312**

Mailing Address

**7021 SPENCER DRIVE
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LIPTON, BESS
7021 SPENCER DRIVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent's 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) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **P** ☐ Delete
NAME **LIPTON, BESS**
STREET ADDRESS **7021 SPENCER DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☒ Delete
NAME **LIPTON, RON**
STREET ADDRESS **7021 SPENCER DR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300004274473--7**
CITY-ST-ZIP **-05/21/01--01154--021**
******158.75 ****158.75**

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

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

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

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

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-01

Date

422-2618

Daytime Phone #

APPROVED
AND
FILED

18192

01 MAY 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3373752**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (10/00)

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*Specialists in computer diagnostics, air conditioning systems,
electronic engine controls and general maintenance*

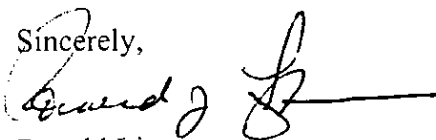
3812 North Monroe Street • Tallahassee, FL 32303 • (904) 562-8989
4803 Seaton Court • Tallahassee, FL 32308 • (904) 668-1990
2814 Capital Circle, N.E. • Tallahassee, FL 32308 • (904) 385-8899

5/18/01

To Whom It May Concern:

Due to a death in the family, I have been out of town since April and was unable to send the annual renewal corporation forms in on a timely basis. Any consideration you can extend to us would be greatly appreciated.

Sincerely,


Ronald Lipton