

DOCUMENT # 278959

1. Entity Name

BEST INSURANCE AGENCY OF BROWARD INC

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90001 008 ***150.00

Principal Place of Business

1150 E. ATLANTIC BLVD.
 POMPANO BEACH FL 33060
 US

Mailing Address

P.O. BOX 2103
 POMPANO BEACH FL 33061
 US

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 59-1039398

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, JERRY K
717 NE 3RD ST
POMPANO FL

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.

(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.
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BOWMAN, JERRY K
 STREET ADDRESS 717 N.E. 3RD ST.
 CITY-ST-ZIP POMPANO BEACH FL.

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
 NAME BOWMAN, NEWANA C.
 STREET ADDRESS 717 N.E. 3RD ST.
 CITY-ST-ZIP POMPANO BEACH FL.

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
 NAME BOWMAN, J. KEITH JR.
 STREET ADDRESS 4450 NE 30TH AVE
 CITY-ST-ZIP LIGHTHOUSE PT FL

☐ Delete

TITLE VD
 NAME BOWMAN, J. KEITH, JR.
 STREET ADDRESS 2331 NE 33 STREET
 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY K. BOWMAN 1-9-01 954-772-0300

Date

Daytime Phone #

CR2E034 (10/00)