

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90148 045 \*\*\*150.00

**DOCUMENT # 295480**

1. Entity Name  
**TEQUESTA AGENCY INC**



Principal Place of Business  
**393 TEQUESTA DR  
TEQUESTA FL 33469-3098  
US**

Mailing Address  
**393 TEQUESTA DR  
TEQUESTA FL 33469-3098  
US**



2. Principal Place of Business

**218 S. US Hwy One  
Ste 300**

3. Mailing Address

**218 S. US Hwy One  
Ste 300**

City & State  
**Tequesta FL**

City & State  
**Tequesta FL**

Zip Country  
**FL 33469 USA**

Zip Country  
**33469 USA**

4. FEI Number **59-1112689**

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

~~MARTYN III, CHARLES P~~  
~~393 TEQUESTA DR~~  
~~TEQUESTA FL 33469~~

**KASTEN, MARK J.**  
**218 S. US Hwy One**  
**Ste 300**  
**Tequesta FL 33469**

Name **MARK J. KASTEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**218 S. US Hwy One**  
**Ste 300**  
City **Tequesta FL** Zip Code **33469**

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 *Mark J. Kasten*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE **1-16-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete  
NAME **MARTYN III, CHARLES P**  
STREET ADDRESS **5332 PENNOCK POINT ROAD**  
CITY-ST-ZIP **JUPITER FL**

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

TITLE **VD** ☐ Delete  
NAME **KASTEN, MARK J**  
STREET ADDRESS **10460 SE SILVER PALM WAY**  
CITY-ST-ZIP **TEQUESTA FL**

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

TITLE **VD** ☐ Delete  
NAME **HUTCHINSON, TODD P**  
STREET ADDRESS **248 BARBADOS DRIVE**  
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE **SD** ☐ Delete  
NAME **SULLIVAN, PATRICIA W**  
STREET ADDRESS **3770 SW SUNSET TRACE CR.**  
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 other like empowered.

SIGNATURE: *Mark J. Kasten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)