

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90148 040 ***150.00

DOCUMENT # 461156

1. Entity Name
THE INSURANCE HOUSE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1318 E CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

Mailing Address
**PO BOX 100786
CAPE CORAL FL 33910
US**

00000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1718 East Cape Coral

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1865165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAYLOR, KENNETH M.
1318 E CAPE CORAL PKWY
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not Acceptable)

1718 East Cape Coral PKWY

City

Cape Coral

FL

Zip Code

33904

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ Delete
NAME **KAYLOR, KENNETH M.**
STREET ADDRESS **4811 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **STD** ☐ Delete
NAME **SAMMONS, SHERRI**
STREET ADDRESS **4811 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1718 East Cape Coral PKWY**
CITY-ST-ZIP **Cape Coral 33904**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1718 East Cape Coral**
CITY-ST-ZIP **Cape Coral, FL 33904**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

39542108
Daytime Phone #

CR2E034 (10/02)