

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 559403

1. Entity Name

KUNKEL INSURANCE AGENCY, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90048 046 ***150.00

Principal Place of Business

6640 CORAL WAY
MIAMI FL 33155

Mailing Address

6640 CORAL WAY
MIAMI FL 33155

00018255

2. Principal Place of Business

2020 N.E. OCEAN BLVD

3. Mailing Address

2020 N.E. OCEAN BLVD

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

STUART FL

City & State

STUART FL

4. FEI Number

59-1834363

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNKEL, GEORGE F.
6640 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name KUNKEL, GEORGE F.

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

2020 A N.E. OCEAN BLVD

City

STUART

FL

Zip Code

34996

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

George F. Kunkel Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/2001

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 PD
NAME KUNKEL, GEORGE F.
STREET ADDRESS 2020-A NE OCEAN BLVD
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE ST
NAME KUNKEL, KELLY ANN
STREET ADDRESS 1465 BARCELON WYA
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

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
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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

George F. Kunkel - GEORGE F. KUNKEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2001 - 561-225-2011

Date

Daytime Phone #

0439173

CR2E034 (10/00)