

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90026 011 \*\*\*150.00

**DOCUMENT # 667641**

1. Entity Name

**ED SAKSON INSURANCE AGENCY, INC.**

Principal Place of Business

**1025 N. CONGRESS AVE.  
WEST PALM BEACH FL 33409**

Mailing Address

**1025 N. CONGRESS AVE.  
WEST PALM BEACH FL 33409**

501540

2. Principal Place of Business

**8983 Okeechobee Blvd.**

Suite, Apt. #, etc.

**#214**

3. Mailing Address

**8983 Okeechobee Blvd.**

Suite, Apt. #, etc.

**#214**

City & State

**West Palm Beach FL**

City & State

**West Palm Beach FL**

Zip

**33411**

Country

**Palm Beach**

Zip

**33411**

Country

**Palm Beach**

4. FEI Number

**59-2000674**

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

**SAKSON, EDWARD M.  
1025 N. CONGRESS AVE.  
WEST PALM BEACH FL 33409**

Name

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

**8983 Okeechobee Blvd.  
#214**

City

**West Palm Beach**

**FL**

Zip Code

**33411**

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 *Ed M. Sakson, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/11/01**

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	PST	<input type="checkbox"/> Delete
NAME	SAKSON, EDWARD M.	
STREET ADDRESS	1025 N. CONGRESS AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAKSON, EDWARD M.	
STREET ADDRESS	1025 N. CONGRESS AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8983 Okeechobee Blvd. #214	
CITY-ST-ZIP	West Palm Beach FL-33411	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8983 Okeechobee Blvd. #214	
CITY-ST-ZIP	West Palm Beach FL. 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ed M. Sakson, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/01**

Date

**561-792-5789**

Daytime Phone #

CR2E034 (10/00)