

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90283 009 ***150.00

DOCUMENT # 678551

1. Entity Name
ALLEN R. PORTER INSURANCE AGENCY, INC.



Principal Place of Business
**2765 W. CYPRESS CREEK RD.
STE A
FT. LAUDERDALE FL 33309**

Mailing Address
**2765 W. CYPRESS CREEK RD.
STE A
FT. LAUDERDALE FL 33309**

11018992



2. Principal Place of Business

3. Mailing Address

10611 STONEBRIDGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
BOCA RATON, FL

4. FEI Number **59-2033210**

Applied For
Not Applicable

Zip - Country

Zip **33498** Country **USA**

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

**PORTER, ALLAN R
2765 W. CYPRESS CRK. RD.
FT. LAUDERDALE FL 33309**

Name **CAROL A PORTER**
Street Address (P.O. Box Number is Not Acceptable)
10611 STONEBRIDGE BLVD
City **BOCA RATON** **FL** Zip Code **33498**

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 *Carol A Porter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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 **PD** ☒ Delete
NAME **PORTER, ALLAN R** *deceased 3/17/03*
STREET ADDRESS **2765 W. CYPRESS CRK. RD.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SECRETARY** ☐ Delete
NAME **CAROL A PORTER**
STREET ADDRESS **10611 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Carol A Porter* **REQUIRED SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC. (561) 4838396
Date Daytime Phone #

0336442 AV

CR2E034 (10/02)