

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38040

1. Entity Name

ANNETTE WILLIS, INSURANCE AGENCY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90039 031 ***150.00

Principal Place of Business

Mailing Address

18401 NW 27TH AVE
MIAMI FL 33056
US

18401 NW 27 AVE
MIAMI FL 33056-3102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2110981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, LARRY
18401 NW 27TH AVE
MIAMI FL 33056

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS WILLIS, ANNETTE
CITY-ST-ZIP 371 GOLDEN BEACH DR.
MIAMI FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS WILLIS, JEFF
CITY-ST-ZIP 10541 PARIS ST
COOPER CITY FL

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS Willis Jeff
CITY-ST-ZIP 13041 SW 40 ST
DAVIE FL 33330

TITLE ☐ Delete
NAME T
STREET ADDRESS WILLIS, SCOTT
CITY-ST-ZIP 3344 BIMINI AVE
COOPER CITY FL

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Willis, Scott
CITY-ST-ZIP 10938 MAINSAIL DR.
COOPER CITY FL 33026

TITLE ☐ Delete
NAME VS
STREET ADDRESS WILLIS, LARRY
CITY-ST-ZIP 18401 N.W. 27 AVE
MIAMI FL 33056

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIS, DANIEL
CITY-ST-ZIP 10500 PARIS ST.
COOPER CITY FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANNETTE WILLIS 1/3/00 3056252403