

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90115 024 ***150.00

DOCUMENT # F94778

1. Entity Name

KEMKER INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

% PAUL E. KEMKER
 6387 CENTRAL AVE.
 ST. PETERSBURG FL 33710

% PAUL E. KEMKER
 6387 CENTRAL AVE.
 ST. PETERSBURG FL 33710-8432

2. Principal Place of Business

3. Mailing Address

PAUL E. KEMKER

Suite, Apt. #, etc.

P.O. B047064

City & State

ST. PETERSBURG, FL.

Zip

33743-7064

Country

PINELLAS

4. FEI Number

59-2217633

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

**KEMKER, PAUL E.
 6387 CENTRAL AVENUE
 ST. PETERSBURG FL 33710**

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	ST	<input type="checkbox"/> Delete
NAME	KEMKER, KARIN R	
STREET ADDRESS	6387 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEMKER, PAUL E	
STREET ADDRESS	6387 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Paul E. Kemker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 727-345-3600
 Date Daytime Phone #

CR2E034 (9/99)