

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58049

1. Entity Name
DEES & SMITH AGENCY, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90984 038 ***150.00

Principal Place of Business

P.O. BOX 1130
ARCADIA FL 33821

Mailing Address

P O BOX 880
ARCADIA FL 34265
US

2. Principal Place of Business

5235 RAMSEY WAY

3. Mailing Address

5235 RAMSEY WAY

Suite, Apt. #, etc.

#18

Suite, Apt. #, etc.

#18

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

59-2330962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH D. REX
243 N BREVARD
P. O. BOX 1130
ARCADIA FL 34265

7. Name and Address of New Registered Agent

Name

KLOPSTAD, J. JEFF

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

5235 RAMSEY WAY

#18

City

FT. MYERS

FL

Zip Code

33907

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, 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 STD
NAME SMITH, REX
STREET ADDRESS 3548 NW HWY 72
CITY-ST-ZIP ARCADIA FL ☒ Delete

TITLE P
NAME DEES, CYNTHIA G
STREET ADDRESS PO BOX 1130
CITY-ST-ZIP ARCADIA FL 34265 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES.
NAME KLOPSTAD, J. JEFF ☐ Change ☒ Addition
STREET ADDRESS 5235 RAMSEY WAY, #18
CITY-ST-ZIP FT. MYERS, FL 33907

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

J. JEFF KLOPSTAD

4/26/2001

Date

941-275-7052

Daytime Phone #

CR2E034 (10/00)