

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0073298  
AV

DOCUMENT # **H40727**

1. Entity Name

**MAURICE E. FELT AGENCY, INC.**



**FILED**

03 SEP 10 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**3800 INVERRY BLVD.  
100 M  
LAUDERHILL FL 33319**

Mailing Address

**3800 INVERRY BLVD.  
100 M  
LAUDERHILL FL 33319**

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

**59-2534066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELT, MAURICE E.**

**7481 W OAKLAND PK BLVD #306**

**LAUDERHILL FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FELT, MAURICE E. 9450 NW 8 CIRCLE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FELT, JUDITH M 9450 N W 8TH CIRCLE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200023021052 09/12/03--01055--011 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

H 46727

Richard M. Kagan, P.A.  
1133 S. University Dr., Suite 212  
Ft. Lauderdale, FL 33324  
954-916-8881

September 2, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: H40727  
Maurice E. Felt Agency, Inc.  
59-2534066

To Whom It May Concern:

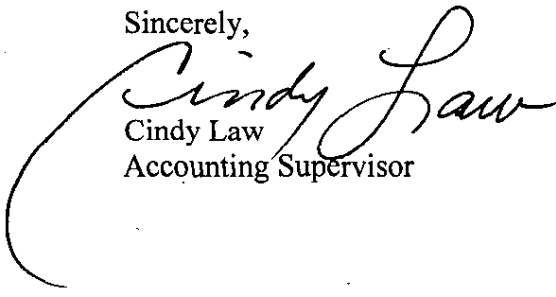
I am responding in regards to the 2003 Uniform Business Report. In reviewing my client's records, I show he issued check number 6780, in the amount of 150.00 made payable to Florida Department of State. I spoke with your office on today's date and they stated the payment was never received. I have contacted my client's bank and as of today's date, the check issued has not cleared.

My client has signed the new form and has issued replacement check number 6964.

Attached please find a copy of my client's register showing the check was issued and his bank statements showing the check did not clear the bank.

If you have any questions, please feel free to contact me.

Sincerely,

  
Cindy Law  
Accounting Supervisor