

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53876

1. Entity Name

INSURANCE & FINANCIAL CONCEPTS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 003 ***150.00

Principal Place of Business

Mailing Address

6280 WEST ATLANTIC BOULEVARD
MARGATE FL 33063-5129

6280 WEST ATLANTIC BOULEVARD
MARGATE FL 33063-5129

2. Principal Place of Business

Mailing Address

3157 DEER CREEK LAKE A
Suite, Apt. #, etc.

3157 DEER CREEK LAKE SHORE A
Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH, FL

DEERFIELD BEACH, FL

Zip

Country

33442-7978 US

Zip

Country

33442-7978 US

4. FEI Number

59-2523030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIRDE, JOAN
6280 WEST ATLANTIC BLVD.
MARGATE FL 33063-5129

7. Name and Address of New Registered Agent

Name

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

3157 DEER CREEK LAKE SHORE A

City

DEERFIELD BEACH

FL

Zip Code

33442-7978

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SKIRDE, JOAN	
STREET ADDRESS	6280 W. ATLANTIC BLVD.	
CITY-ST-ZIP	MARGATE FL 33063-5129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3157 DEER CREEK LAKE SHORE A	
STREET ADDRESS	DEERFIELD BEACH, FL	
CITY-ST-ZIP	33442-7978	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JOAN SKIRDE, PRES

Date

954/442-7878

Daytime Phone #

CR2E034 (9/99)