

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90012 022 \*\*\*150.00

**DOCUMENT # H53876**

1. Entity Name

**INSURANCE & FINANCIAL CONCEPTS, INC.**

Principal Place of Business

**3157 DEER CREEK LAKE SHORE DR  
 DEERFIELD BEACH FL 33442-7878  
 US**

Mailing Address

**3157 DEER CREEK LAKE SHORE DR  
 DEERFIELD BEACH FL 33442-7878  
 US**

2. Principal Place of Business

**2400 DEER CREEK BLVD #407**

3. Mailing Address

**2400 DEER CREEK**

Suite, Apt. #, etc.

**S.C. Blvd. #407**

Suite, Apt. #, etc.

**S.C. Blvd #407**

City & State

**Deerfield Beach FL**

City & State

**Deerfield Beach FL**

Zip

**33442**

Country

**Broward**

Zip

**33442**

Country

**Broward**

6. Name and Address of Current Registered Agent

**SKIRDE, JOAN**

**3157 DEER CREEK LAKE SHORE DR  
 DEERFIELD BEACH FL 33442-7878**

7. Name and Address of New Registered Agent

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: **Joan Skirde**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-6-01**

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	PSD	<input type="checkbox"/> Delete
NAME	SKIRDE, JOAN	
STREET ADDRESS	3157 DEER CREEK LAKE SHORE DR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-7878	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS	2400 DEER CREEK BLVD #407	
CITY-ST-ZIP	33442	
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, President**

DATE

**4-6-01**

Daytime Phone #

**954/459-7828**

CR2E034 (10/00)