

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90491 027 ***150.00

DOCUMENT # H53876

1. Entity Name
INSURANCE & FINANCIAL CONCEPTS, INC.

Principal Place of Business

Mailing Address

2400 DEER CREEK
CC BLVD #407
DEERFIELD BEACH FL 33442
US

2400 DEER CREEK
CC BLVD #407
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

6191 W ATLANTIC BLVD
Suite, Apt. #, etc.
3

6191 W ATLANTIC BLVD
Suite, Apt. #, etc.
3

City & State
MARGATE FL

City & State
MARGATE FL

Zip **33063** **Country** **USA**

Zip **33063** **Country** **USA**

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

7. Name and Address of New Registered Agent

SKIRDE, JOAN
2400 DEER CREEK
DEERFIELD BEACH FL 33442

6191 W ATLANTIC BLVD
Suite 3
MARGATE FL 33063

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
SKIRDE, JOAN
STREET ADDRESS **2400 DEER CREEK BLVD #407**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6191 W ATLANTIC BLVD Suite 3**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)

Daytime Phone #

4-10-02 954/972-4142

CR2E034 (9/01)