

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2002 90422 006 ***150.00

DOCUMENT # H94187

1. Entity Name

MARY T. WOJTUSIK INSURANCE AGENCY INC.

Principal Place of Business

**4500 PGS BLVD
 301
 WEST PALM BEACH FL 33418**

Mailing Address

**P.O BOX 2221
 JUPITER FL 33468
 US**

2. Principal Place of Business

**1200 University Dr.
 Suite, Apt. #, etc.
 200**

3. Mailing Address

**274 Sussex Cir
 Suite, Apt. #, etc.**

City & State

Jupiter, Florida

City & State

Jupiter, FL.

Zip

33458

Country

USA

Zip

33458

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2620429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, MARY T
 455 KELSEY PARK DR
 WEST PALM BEACH FL 33410**

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

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CEOS** ☐ Delete
 NAME **SMITH, MARY T.**
 STREET ADDRESS **4500 PGA BLVD SUITE 301**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **P** ☐ Delete
 NAME **WOJTUSIK, DAVID J**
 STREET ADDRESS **4500 PGA BLVD SUITE 301**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1200 University Drive - # 200**
 CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1200 University Drive - # 200**
 CITY-ST-ZIP **Jupiter, FL - 33458**

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

561-776-0665

Daytime Phone #

CR2E034 (9/01)