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FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90042 017 ***150.00

74894

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14462

1. Entity Name
BETTY SCHENCK INSURANCE AGENCY, INC

Principal Place of Business
4120 W. STATE RD 60
PLANT CITY, FL 33567

Mailing Address
4120 W. SR60
PLANT CITY, FL 33567

2. Principal Place of Business
4120 W. SR60
Suite, Apt. #, etc.
City & State: PLANT CITY, FL 33567
Zip: 33567 Country: USA

3. Mailing Address
4120 W. SR60
Suite, Apt. #, etc.
City & State: PLANT CITY FL
Zip: 33567 Country: USA

4. FEI Number: 59-2683459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BETTY JEAN LUCAS
4120 W. SR60
PLANT CITY, FL 33567

7. Name and Address of New Registered Agent
Name: Betty Jean Lucas
Street Address (P.O. Box Number is Not Acceptable): 4120 W. SR60
City: Plant City FL Zip Code: 33567

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. BETTY JEAN LUCAS, 4120 W. SR60, PLANT CITY, FL 33567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. PENNY KALMBACH, 505 PLAZA SEVILLE CT #11, TREASURE ISLAND, FL 33706 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Betty Jean Lucas Pres BETTY JEAN LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR