

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90102 005 ***150.00

0508954

DOCUMENT # J94857

1. Entity Name

STATE AUTO TAG AND INSURANCE AGENCY OF WEST PALM

Principal Place of Business

Mailing Address

**713 N. MILITARY TRAIL
WEST PALM BEACH FL 33415****713 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0010893

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

**CONLEY, KELLY
10101 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PVST									
	CONELY, KELLY	10100 N.W. 71 PLACE	TAMARAC FL 33321							
	D									
	CONELY, KELLY	10100 N.W. 71 PLACE	TAMARAC FL 33321							
	D									
	GORTON, KATHRYN	7840 HOOD ST.	HOLLYWOOD FL 33024							
	D									
	GORTON, SCOTT	7840 HOOD ST.	HOLLYWOOD FL 33024							

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: Kelly Conley Kelly Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-30-01**

Date

954-753-2000

Daytime Phone #

CR2E034 (10/00)