

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90066 048 ***150.00

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DOCUMENT # J94857

1. Entity Name

STATE AUTO TAG AND INSURANCE AGENCY OF WEST PALM BEACH, INC.



Principal Place of Business
713 N. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
~~713 N. MILITARY TRAIL~~
~~WEST PALM BEACH FL 33415~~
10101 W. SAMPLE Rd.
CORAL SPRINGS, FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0010893**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CONELY, KELLY
10100 N.W. 71 PLACE
TAMARAC FL 33321 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONELY, KELLY
10100 N.W. 71 PLACE
TAMARAC FL 33321 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORTON, KATHRYN
7840 HOOD ST.
HOLLYWOOD FL 33024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORTON, SCOTT
7840 HOOD ST.
HOLLYWOOD FL 33024 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Conley

954-753-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

80143753

State Auto Tag and Insurance Agency of West Palm Beach, Inc.

ALL FORMS OF INSURANCE

713 N. Military Trail • West Palm Beach, Florida 33415

1-561-471-0100

Auto Tag Division

All Risk Insurance Division

8-29-03

To: Florida Dept of State

Re Doc # J94857 "STATE Auto TAG AND INSURANCE Agency of WPBch, INC.
~~2003 Uniform Business Report~~

Dear Helpers:

The enclosed report is the only one I have received. I have never been late filing, and would have paid in a timely fashion. However I did not receive the first notice.

I have enclosed my check @ \$150.00 per your instruction.

I have also changed the mailing address

~~To 10101 W. Sample Rd. Coral Springs, FL 33065.~~

Thank you for your courtesies.

Kelly Conley

954-753-2000