

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90069 016 \*\*\*150.00

**DOCUMENT # L76280**

1. Entity Name  
**JERRY W. REEP JR. INSURANCE AGENCY INC.**



Principal Place of Business

**8871 S.E. COMPASS ISLAND WAY  
JUPITER FL 33458**

Mailing Address

**8871 S.E. COMPASS ISLAND WAY  
JUPITER FL 33458**

2. Principal Place of Business

**7771 Ironhorse Blvd**

3. Mailing Address

**7771 Ironhorse Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Bch FL**

City & State

**West Palm Bch FL**

Zip

**33412**

Country

**USA**

Zip

**33412**

Country

**USA**

FEI Number

**65-0199677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REEP, JERRY W JR.**

**8871 SE COMPASS ISLAND WAY  
JUPITER FL 33458**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE **P** ☐ Delete  
NAME **REEP, GERALD W JR**  
STREET ADDRESS **8871 SE COMPASS ISLAND WAY**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VP** ☐ Delete  
NAME **REEP, MARI JO L.**  
STREET ADDRESS **8871 SE COMPASS ISLAND WAY**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4/1/03**

Daytime Phone #

**561-775-8373**

CR2E034 (10/02)