

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90054 039 ***150.00

DOCUMENT # M45746

1. Entity Name

INS INSURANCE BROKERS, INC.

Principal Place of Business: **8895 N. MILITARY TRAIL E-201 PALM BEACH GARDENS FL 33410 US**

8895 NORTH MILITARY TRAIL E-201 PALM BEACH GARDENS FL 33410 US

00036062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 SANDTREE DRIVE Suite # 212 PALM BEACH GARDENS, FL 33403

3. Mailing Address

600 SANDTREE DRIVE Suite # 212 PALM BEACH GARDENS, FL 33403

City & State **PALM BEACH GARDENS, FL**

City & State **PALM BEACH GARDENS, FL**

4. FEI Number **59-2775031**

Applied For
Not Applicable

Zip **33403**

Country **PALM BCH**

Zip **33403**

Country **PALM BEACH**

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

**LAFFERTY, ROBERT G.
 8895 N MILITARY TRAIL
 E-201
 PALM BEACH GARDENS FL 33410**

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 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	PD	<input type="checkbox"/> Delete
NAME	LAFFERTY, ROBERT G.	
STREET ADDRESS	8895 N MILITARY TRAIL E-201	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOLYNN LAFFERTY	
STREET ADDRESS	8895 N. MILITARY TRAIL E-201	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 SANDTREE DR., #212	
STREET ADDRESS	PALM BEACH GARDENS, FL 33403	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

361-622-3800

Daytime Phone #

CP2E034 (10/00)