

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M64568
1. Entity Name
SEIBERT INSURANCE BROKERS, INC.



Principal Place of Business
2614 WEBBER PLACE
SARASOTA, FL 34232 US

Mailing Address
2614 WEBBER PLACE
SARASOTA, FL 34232 US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05112005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0025290

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
SEIBERT, WILLIAM A., JR.
2614 WEBER PLACE N
SARASOTA, FL 34232

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: William A. Seibert DATE: 5/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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 | P SEIBERT, WILLIAM A JR 2614 WEBBER PLACE SARASOTA, FL 34232 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000368704 05/31/05-80011-023 150.00 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William A. Seibert DATE: 5/27/05 DAYTIME PHONE #: 941-342-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR