

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85800

1. Entity Name

LIFTON INSURANCE AGENCY, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90049 005 ***150.00

Principal Place of Business

1800 N.W. CORPORATE BLVD
300
BOCA RATON FL 33431
US

Mailing Address

1800 N.W. CORPORATE BLVD
300
BOCA RATON FL 33431-7336
US

2. Principal Place of Business

1800 NW CORPORATE BLVD.
Suite, Apt. #, etc.
#300

3. Mailing Address

1800 NW CORPORATE BLVD.
Suite, Apt. #, etc.
#300

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0059083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIFTON, EDWARD
11791 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
LIFTON, EDWARD
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, 2000 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

TITLE DP
NAME LIFTON, LEWIS
STREET ADDRESS 5361 STEEPLECHASE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE T
NAME LUCAS, JANICE
STREET ADDRESS 1901 NW 85TH DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-997-5511