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

## DOCUMENT # **M85800**

1. Entity Name

LIFTON INSURANCE AGENCY, INC.



## FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90092 004 \*\*\*150.00

<b></b> 10111	MOOFERFOL FIGURES IN CO.		Coo we tr					
Principal Place of Business 1800 N.W. CORPORATE BLVD #300 BOCA RATON FL 33431 US 2. Principal Place of Business		Mailing Address 1800 N.W. CORPORATE BLVD #300 BOCA RATON FL 33431 US 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 6	Number 65-0059083 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered	Agent	**	
			Name					
LIFTON, EDWARD 11791-ROYAL PALM BLVD: 11333 (AKEYIEW DR.			Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL-33065 3307/								
			City		FI	- 1	ſ	
8. The above	named entity submits this statement for	or the purpose of changing	its registered office or regi	stered agent, or both, in th	e State of Florida. I am	familiar with,	and accept	
the obliga	tions of registered agent.	<u> </u>	_					
SIGNATURE	Signature, typed or printed nat is of redistried agent	and title if applicable. (N	FDWAR  OTE: Registered Agent signature rec	D LIFTON uired when reinstating)	3/,-	103		
Afte	ILE NOW!!! FEE (\$\$\$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			Campaign Financing d Contribution.	<b>\$5.0</b> €	0 May Be to Fees	
10.	OFFICERS AND		11,	ADDITIONS (CHAN	GES TO OFFICERS AN	DIDECTOR	N 181 4 4	
TITLE	DP F	□ Delete	TITLE	ADDITIONS/CHAN	GES TO OFFICERS AN			
NAME	LIFTON, LEWIS	□ Delete	NAME			☐ Change	Addition	
STREET ADDRESS 5361 STEEPLECHASE			STREET ADDRESS				] ;	
CITY-ST-ZIP BOCA RATON FL			CITY-ST-ZIP		'			
TITLE NAME STREET ADDRESS	T LUCAS, JANICE 1901 NW 85TH DR	` □ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP					
TITLE	* \$2 /- #: * · · *	- □ Delete = -		- ಆಫ್ರಾಕ್ . ಆಕ್ಕ್	the second of	Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
12. Lherehy c	ertify that the information supplied with	this filing doos not qualify f	or the exemption stated in	Conting 110 07/3/() FI	da Chatutaa I fush			

12. I nereby 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 DIRECTO

Date Daytin

Daytime Phone #