

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90211 009 ***150.00

DOCUMENT # - P00000022081

1. Entity Name
INSURX, INC.



Principal Place of Business
1201 LAKE PIEDMONT CIRCLE
APOPKA FL 32703

Mailing Address
1201 LAKE PIEDMONT CIRCLE
APOPKA FL 32703



2. Principal Place of Business

1137 WOODLAND TERRACE TRAIL 1137 WOODLAND TERRACE TRAIL

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS FL

City & State
ALTAMONTE SPRINGS FL

4. FEI Number 59-3633200

Applied For
Not Applicable

Zip Country
32714 USA

Zip Country
32714 USA

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

CHOWDHURY, AFLAK
1201 LAKE PIEDMONT CIR
APOPKA FL 32703

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME CHOWDHURY, AFLAK
STREET ADDRESS 1201 LAKE PIEDMONT CIRCLE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1137 WOODLAND TERRACE TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 AFLAK CHOWDHURY

Date

Daytime Phone #

CR2E034 (10/02)