

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0010632 AV

03-20-2002 90056 049 ***150.00

DOCUMENT # P00000036579

1. Entity Name
INSURANCE & TECHNOLOGY PLACERS, INC.

Principal Place of Business
435 S RIDGEWOOD AVE #210
DAYTONA BEACH FL 32114

Mailing Address
435 S RIDGEWOOD AVE #210
DAYTONA BEACH FL 32114

2. Principal Place of Business
435 S Ridgewood Ave #210
Suite, Apt. #, etc.

3. Mailing Address
435 S Ridgewood Ave #210
Suite, Apt. #, etc.

City & State
Daytona Beach, FL
Zip
32114

City & State
Daytona Beach, FL
Zip
32114

4. FEI Number **59-3635559** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S RIDGEWOOD AVE #210
DAYTONA BEACH FL 32114

Delete

7. Name and Address of New Registered Agent

Name
Lannon, Darleen
Street Address (P.O. Box Number is Not Acceptable)
435 S Ridgewood Ave #210
City **Daytona Beach** **FL** **Zip Code** **32114**

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 **Darleen Lannon**

2/7/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROGOVE, DARLEEN E 29 CHURCH STREET #23 WEYMOUTH MA 02189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE **Darleen Lannon**

2/7/02

781 331 7102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)