

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90059 042 ***150.00

DOCUMENT # P00000046893

1. Entity Name

INVESTORSCHOICE-RE, INC.

Principal Place of Business

~~1445 1/2 MANOR RD~~
~~ENGLEWOOD FL 34223~~

Mailing Address

~~1445 1/2 MANOR RD~~
~~ENGLEWOOD FL 34223~~

2. Principal Place of Business

2828 S. McCall Rd

3. Mailing Address

2828 S. McCall Rd

Suite, Apt. #, etc.

Suite 16

Suite, Apt. #, etc.

Suite 16

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34224

Country

USA

Zip

34224

Country

USA

4. FEI Number

65-1007949

Applied For

☒ Not Applicable

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

NELSON, DAVID C

~~1445 1/2 MANOR RD~~
~~ENGLEWOOD FL 34223~~

Name

Street Address (P.O. Box Number is Not Acceptable)

10127 Peach Avenue

City

Englewood

FL

Zip Code

34224

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 David Nelson (Pres)

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, DAVID C	
STREET ADDRESS	1445 1/2 MANOR RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, KATHLEEN A	
STREET ADDRESS	1445 1/2 MANOR RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10127 Peach Avenue	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10127 Peach Avenue	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Nelson DAVID C. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

941/475-7011

Daytime Phone #

CR2E034 (10/00)