

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90406 037 ***150.00

DOCUMENT # P00000067428

1. Entity Name

J. WOJCIK INSURANCE GROUP, INC.

(LA)

Principal Place of Business

3596 SOUTH OCEAN, UNIT 105
 HIGHLAND BEACH FL 33487

Mailing Address

3596 SOUTH OCEAN, UNIT 105
 HIGHLAND BEACH FL 33487

2. Principal Place of Business

5297 W. COPANS RD.

Suite, Apt. #, etc.

SUITE 500

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

3. Mailing Address

5297 W. COPANS RD

Suite, Apt. #, etc.

SUITE 500

City & State

MARGATE, FL

Zip

33063

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1028077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, CLAUDIA J
600 NORTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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.

SIGNATURE

Jeffrey W. Wojcik

Signature of officer or director 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. ☐

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

TITLE **D** ☐ Delete
 NAME **WOJCIK, JEFFREY**
 STREET ADDRESS **3596 SOUTH OCEAN, UNIT 105**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **WOJCIK JEFFREY** ☒ Change ☐ Addition
 NAME **2413 NW 24th ST**
 STREET ADDRESS **BOCA RATON FL 33431**
 CITY-ST-ZIP

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

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

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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 the empowered.

SIGNATURE:

Jeffrey W. Wojcik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2001 (954) 978-0008
 Date Daytime Phone #

CR2E034 (10/00)