2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000102958**

1. Entity Name
OSCAR FOLKS, JR INSURANCE AGENCY, INC

Principal Place of Business		Mailing Address	
4819 E BUSCH BLVD		4819 E BUSCH BLVD	
TAMPA	FL	TAMPA	FL
33617		33617	

2. Principal Place of Business		3. Mailing Address	
4819 E BUSCH BLVD		5204 CUMBERLAND DRIVE	
Suite, Apt. #, etc.: 102		Suite, Apt. #, etc.	
City & State: TAMPA	FL	City & State: TAMPA	FL
Zip: 33617	Country	Zip: 33617	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2338046** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOLKS JULIA
5204 CUMBERLAND DRIVE
TAMPA FL
33617 US

7. Name and Address of New Registered Agent

Name: FOLKS JULIA J
Street Address (P.O. Box Number is Not Acceptable): 5204 CUMBERLAND DRIVE
City: TAMPA **FL** Zip Code: 33617

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 JULIA J FOLKS — 04/23/2001
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, 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	FOLKS JULIA	
STREET ADDRESS	5204 CUMBERLAND DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	☐ Delete
NAME	FOLKS OSCAR JR	
STREET ADDRESS	5204 CUMBERLAND DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: JULIA FOLKS D 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #