

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90025 022 ***150.00

DOCUMENT # P01000037475

1. Entity Name
INSURANCEXPRESS, INC.

Principal Place of Business
11924 WEST FOIREST HILL BLVD.
10-A
WELLINGTON FL 33414-7028
US

Mailing Address
11380 PROSPERITY FARMS RD.
215
PALM BEACH GARDENS FL 33410
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2081 SW CAPEADOR ST
Suite, Apt. #, etc.
PORT SAINT LUCIE

3. Mailing Address

PO BOX 7572
PORT ST LUCIE, FL

City & State
FL

City & State

PORT ST LUCIE, FL
34953
ST LUCIE

4. FEI Number

65-1096338

Applied For

Not Applicable

Zip
34953

Country
US

Zip
34953

Country
ST LUCIE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUS, JAKE
11380 PROSPERITY FARMS RD.
215
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

JERRY R. ALBANO

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

2081 SW CAPEADOR ST

City

PORT ST LUCIE

FL

Zip Code

34953

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

[Signature] **PRESIDENT**

02-28-02

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 | P | <input type="checkbox"/> Delete |
| NAME | ALBANO, JERRY R | |
| STREET ADDRESS | P.O. BOX 540042 | |
| CITY-ST-ZIP | LAKE WORTH FL 33454 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | RUS, JAKE | |
| STREET ADDRESS | 11380 PROSPERITY FARMS RD. #215 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2081 SW CAPEADOR ST |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-28-02 561-879-2656

CR2E034 (9/01)