

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90020 006 ***150.00

0394781 AV

DOCUMENT # P01000103104

1. Entity Name
SKIVINGTON INSURANCE AGENCY, INC.

Principal Place of Business

**9670 PINE TRAIL COURT
 LAKE WORTH FL 33467**

Mailing Address

**9670 PINE TRAIL COURT
 LAKE WORTH FL 33467**

2. Principal Place of Business

**9670 Pine Trail Ct
 Suite, Apt. #, etc.**

3. Mailing Address

**9670 Pine Trail Ct
 Suite, Apt. #, etc.**

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-1150704

Applied For

Not Applicable

Zip

Country

33467 USA

Zip

Country

33467 USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRASKER, PAUL A
 625 NORTH FLAGLER DRIVE 9TH FLOOR
 WEST PALM BEACH FL 33401**

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

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)**

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**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.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME SKIVINGTON, CECILIA S
STREET ADDRESS 9670 PINE TRAIL COURT
CITY-ST-ZIP LAKE WORTH FL 33467

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 like empowered.

SIGNATURE: Cecilia Skivington **02/26/02** **84-601-3042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)