2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
02-28-2002 90045 014 ***150.00

DOCUMENT # P01000116230

1. Entity Name
PALM BEACH COMMERCIAL INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
2137 S US HWY ONE JUPITER FL 33477	2137 S US HWY ONE JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2115 S. US Hwy One	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FL 33477	City & State
Zip: 33477 Country: 33	Zip Country

4. FEI Number 65-1158397 ☐ 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
KOCHA, JON 2137 S US HWY ONE JUPITER FL 33477	Name: Jon Kocha Street Address (P.O. Box Number is Not Acceptable): 2115 S. U.S. Highway One Jupiter FL 33477 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) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCK, GREG 11570 WINCHESTER DRIVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOCHA, JON 759 TRADEWIND DRIVE NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: ______________________ 2/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
23096
#P0100011623O

AMOUNT OF DEPOSIT (Do NOT type, please print)

DOLLARS | CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

EIN 65-1158397 200212

PALM BEACH COMMERICAL INSURANCE
PALM BEACH INSURANCE GROUP
2137 US HWY ONE
JUPITER FL 33477-7337

BANK NAME/ DATE STAMP

IRS USE ONLY

TAX PERIOD

941	945	1st Quarter
990-C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990-PF	4th Quarter
CT-1	1042	
940		

62

07 2

Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)