

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-04-2003-90067 045 \*\*\*150.00  
FILE P02000000739

03 OCT -8 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000739

1. Entity Name  
NANTZ INSURANCE AGENCY INC.



Principal Place of Business  
2114 N.W. 40TH TERR  
SUITE B-3  
GAINESVILLE FL 32605

Mailing Address  
2114 N.W. 40TH TERR  
SUITE B-3  
GAINESVILLE FL 32605



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3030171

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

NANTZ, DARREN L  
2114 N.W. 40TH TERR  
SUITE B-3  
GAINESVILLE FL 32605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME NANTZ, DARREN L  
STREET ADDRESS 2114 N.W. 40TH TERR SUITE B-3  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME NANTZ, MERI P  
STREET ADDRESS 5428 N.W. 9TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF DARREN L. NANTZ 9-2-03 352-367-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CIVIL SERVICE

*Resentment*

80143806  
# ~~PO2000000739~~

NANTZ INSURANCE AGENCY IN.  
2114 NW 40<sup>TH</sup> TERRACE, SUITE B3  
GAINESVILLE, FLORIDA 32605  
352-367-1050  
352-367-1051 FAX

DATE:09/02/2003

REF: UNIFORM BUSINESS REPORT

WE RECEIVED THIS NOTICE REGARDING UBR AS A SECOND NOTICE.  
WE DID NOT RECEIVE ORIGINAL NOTICE , AND ONLY THIS NOTICE.  
~~WE HOPE WILL WILL NOT HAVE TO PAY LATE FEE= THIS IS THE FIRST YEAR~~  
OF OUR CORPORATION AND WE WILL PUT ON CALENDER THAT IT IS DUE  
IN MAY OF 2004? (I BELIEVE THIS IS CORRECT).

THANKYOU

DARREN L. NANTZ  
PRESIDENT

