

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90322 023 \*\*\*550.00

**DOCUMENT # P02000074978**

1. Entity Name

**SANDERS INSURANCE GROUP, INC.**



Principal Place of Business  
**7839 FORESTAY DRIVE  
LAKE WORTH FL 33467**

Mailing Address  
**7839 FORESTAY DRIVE  
LAKE WORTH FL 33467**



2. Principal Place of Business

**7162 CRAWL KEY WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**7162 CRAWL KEY WAY**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH FL**

4. FEI Number

**02-0630387**

Applied For

Not Applicable

Zip

**33467**

Country

**PBC**

Zip

**33467**

Country

**PBC**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, DARLENE A  
7839 FORESTAY DRIVE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

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

**7162 CRAWL KEY WAY**

City

**LAKE WORTH FL 33467 FL**

Zip Code

**33467**

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 of Darlene Sanders)*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/2/2003**

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SANDERS, DARLENE A</b>	
STREET ADDRESS	<b>7839 FORESTAY DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7162 CRAWL KEY WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature of Darlene Sanders)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/2003**

Date

Daytime Phone #

CR2E034 (4/03)