2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000000036 **DOCUMENT #**

1. Entity Name

DANIEL LEBANZ INSURANCE INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90488 044 ***150.00

DANIEL) FRANZ INSURANCE, INC.						
Principal Place of Business 2695 N MILITARY TR SUITE 26 W PALM BEACH FL 33409 US		Mailing Address 2695 N MILITARY TR SUITE 26 W PALM BEACH FL 33409 US					
2. Principal Place of Business		3. Mailing Address			· ••••••••••••••••••••••••••••••••••••	.)1 001)1 00100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0378666		oplied For of Applicable
Zip	Country	Zip	Country			8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered A		
. ,				Name			
	ENNIFER K		Street	Address (P.	O. Box Number is Not Acceptable)		
8797 EST.			-	<u> </u>			
WEST PA	LM BEACH FL 33411						
	, 		City		FL	Zip Cod	е
. 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							
0.0.0.0.0	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent sign:	ature required w	when reinstating) DATE		
F	FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	AF A	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution.		May Be I to Fees
10.	OFFICERS AND		11.	155	ADDITIONS/CHANGES TO OFFICERS AND		3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	FRANZ, JENNIFER J 8747, ESTATE DR WRON WEST PALM BEACH FL 33411	G!!!	TITLE NAME STREET ADDRESS CITY- ST-ZIP	DAM16	IDENT IL FRANZ ESTATE DR ,FL 3341)	Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	g melapanan palaun maga senggan majah pada kada	□ Delete: .	NAME STREET ADDRESS CITY-ST-ZIP	- 130 55 - 44	المصيدية الأواديدية الأوادية الأوادي المحادث والمحادث والمحاد	Change	Addition
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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 of the receiver or truster 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: D

SEAULTHEE REPUBLISHED STRATURE AND TYPED OR PRINTED NUMBERS SERVING OFFICER OR DIRECTOR

3-13-03

561-684-2422