

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90072 041 \*\*\*150.00

**DOCUMENT # P93000042429**

1. Entity Name

**MY INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

**9779 W. BROWARD AVE  
 PLANTATION FL 33324  
 US**

**9779 W. BROWARD BLVD  
 PLANTATION FL 33324  
 US**

2. Principal Place of Business

3. Mailing Address

**9781 W BROWARD BLVD 9781 W BROWARD BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PLANTATION, FL**

**PLANTATION, FL**

Zip

Country

Zip

Country

**33324 BROWARD**

**33324 BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KURTH, TERRY  
 9779 W. BROWARD BLVD  
 PLANTATION FL 33324**

Name

**KURTH, TERRY**

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

**9781 W BROWARD BLVD**

City

**PLANTATION**

FL

Zip Code

**33324**

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)

**2-4-02**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KURTH, TERRY 10884 NW 2 ST PLANTATION FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURTH, LYDIA 10884 NW 2 ST PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-02 951-423-8410**

Date

Daytime Phone #

CR2E034 (9/01)