

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015937

1. Entity Name

STOLTZ INSURANCE SALES, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90123 030 \*\*\*150.00

Principal Place of Business

1737 FOUNTAIN VIEW CIRCLE  
VENICE FL 34292  
US

Mailing Address

1737 FOUNTAIN VIEW CIRCLE  
VENICE FL 34292  
US

2. Principal Place of Business

1737 FOUNTAIN VIEW CIR  
Suite, Apt. #, etc.

3. Mailing Address

1737 FOUNTAIN VIEW CIRCLE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

STOLTZ, JEROME M  
1737 FOUNTAIN VIEW CIRCLE  
VENICE FL 34292

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Jerome M. Stoltz* JEROME M. STOLTZ 4-6-2001  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE D  
NAME STOLTZ, JEROME M  
STREET ADDRESS 1737 FOUNTAIN VIEW CIRCLE  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Jerome M. Stoltz* JEROME M. STOLTZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01-941-150-7411

CR2E034 (10/00)

0417846