

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90425 018 ***150.00

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DOCUMENT # P94000015937

1. Entity Name
STOLTZ INSURANCE SALES, INC.



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 CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VENICE, FLORIDA

City & State

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip
34292

Country
FLORIDA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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
SAME

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 Jerome M Stoltz JEROME M. STOLTZ PRES 4-17-2003
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STOLTZ, JEROME M
1737 FOUNTAIN VIEW CIRCLE
VENICE FL 34292

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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 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: Jerome M Stoltz JEROME M. STOLTZ PRES 4-17-03 944-487411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)