

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90032 047 ***150.00

DOCUMENT # P94000039458

1. Entity Name

SERVICE INSURANCE ASSOCIATES OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

4910 BLUE LAKE DRIVE
 SUITE 202
 BOCA RATON FL 33431
 US

5356 LAKE OSBORNE DR
 LAKE WORTH FL 33461
 US

2. Principal Place of Business

3. Mailing Address

4301 Oak Circle

Suite, Apt. #, etc.

Suite 16

City & State

Boca Raton, FL

City & State

Zip

Country

33431

USA

Zip

Country

4. FEI Number **65-0499454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVER, LAWRENCE B.
5356 LAKE OSBORNE DR
LAKE WORTH FL 33461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SILVER, LAWRENCE B.**
 CITY-ST-ZIP **5356 LAKE OSBORNE DR**
LAKE WORTH FL 33461

TITLE ☐ Change ☒ Addition
 NAME **President Director**
 STREET ADDRESS **Lawrence B. Silver**
 CITY-ST-ZIP **5356 Lake Osborne Drive**
LAKE WORTH, Florida 33461

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SILVER, DAMIAN**
 CITY-ST-ZIP **5356 LAKE OSBORNE DRIVE**
LAKE WORTH FL 33461

TITLE ☐ Change ☒ Addition
 NAME **Secretary Director**
 STREET ADDRESS **Damian Silver**
 CITY-ST-ZIP **5356 Lake Osborne Drive**
LAKE WORTH, Florida 33461

TITLE ☐ Delete
 NAME **J**
 STREET ADDRESS **SILVER, JANIS E**
 CITY-ST-ZIP **5356 LAKE OSBORNE DRIVE**
LAKE WORTH FL 33461

TITLE ☐ Change ☒ Addition
 NAME **Treasurer Director**
 STREET ADDRESS **Janis E. Silver**
 CITY-ST-ZIP **5356 Lake Osborne Drive**
LAKE WORTH, Florida 33461

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Lawrence B. Silver** **Lawrence B. Silver**

4-12-01

Date

561-368-5401

Daytime Phone #

CR2E034 (10/00)