

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90670 030 ***155.00

DOCUMENT # P94000045344
1. Entity Name
B & K AMERICAN NATIONAL INSURANCE AGENCY, INC.



Principal Place of Business
**2020 NE 49TH ST.
POMPANO BEACH FL 33064**

Mailing Address
**2020 NE 49TH ST.
POMPANO BEACH FL 33064**

2. Principal Place of Business
5008 N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
5008 N. Federal Hwy
Suite, Apt. #, etc.

City & State
Lighthouse Point FL
Zip
33064
Country
Broward

City & State
Lighthouse Point FL
Zip
33064
Country
Broward

4. FEI Number **65-0507011** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RICHARD E. BULTER
2020 NE 49TH ST
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5008 N. Federal Hwy
City **Lighthouse Point** FL Zip Code **33064**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RE Butler** **Richard E Butler Pres.** **3/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PTSV** ☐ Delete
NAME **BUTLER, RICHARD E**
STREET ADDRESS **2020 NE 49TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ Delete
NAME **BUTLER, RICHARD E**
STREET ADDRESS **2020 NE 49TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5008 N. Federal Hwy.**
CITY-ST-ZIP **Lighthouse Point FL 33064**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5008 N. Federal Hwy.**
CITY-ST-ZIP **Lighthouse Point FL. 33064**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **RE Butler** **RICHARD E BUTLER PTSV** **3/11/03** **954-725-0235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)