

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90326 003 ***150.00

DOCUMENT # P94000081695

1. Entity Name

AIM INSURANCE AGENCY, INC.

Principal Place of Business

2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683
US

Mailing Address

2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683
US

2. Principal Place of Business

3605 Alt 19N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 860

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor FL

4. FEI Number

59-3679471

Applied For

Not Applicable

Zip

Country

34683

Zip

Country

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

KLIMCZAK, PAUL J
2300 CURLEW RD.
2ND FLOOR
PALM HARBOR FL 34683

Name

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

3605 Alt 19N.

City

Palm Harbor, FL BFL

Zip Code

34683

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

Paul J. Klimczak

4/17/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KLIMCZAK, PAUL J 2300 CURLEW RD, 2ND FLOOR PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3605 Alt 19N. Palm Harbor, FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Klimczak

Date

4/17/01

Daytime Phone #

727-772-7802

CR2E034 (10/00)