

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088696

1. Entity Name

PLATZ INSURANCE, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90014 037 ***150.00

Principal Place of Business

Mailing Address

4645 GUN CLUB ROAD
SUITE 28
WEST PALM BEACH FL 33415

4645 GUN CLUB ROAD
SUITE 28
WEST PALM BEACH FL 33415-2833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0546916

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

SOPKO, JAMES
2307 S.E. MONTEREY ROAD
STUART FL 34996

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, 2000 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 **P** ☐ Delete
NAME **PLATZ, DAVID R**
STREET ADDRESS **18149 S.E. RIDGEVIEW DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33458**

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

TITLE **VP** ☐ Delete
NAME **PLATZ, RICHARD L**
STREET ADDRESS **181 PARKWOOD DR S**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE **ST** ☐ Delete
NAME **PLATZ, KATHERINE W**
STREET ADDRESS **18149 S.E. RIDGEVIEW DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33458**

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

TITLE **8300 SE Loxahatchee River Rd** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **Jupiter, FL 33458**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 time empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00 541 684 8801
Date Daytime Phone #

CR2E034 (9/99)