

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027683

1. Entity Name

ROGER ACHAM INSURANCE AGENCY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 004 ***150.00

Principal Place of Business

2240 WOOLBRIGHT ROAD
SUITE 205
BOYNTON BEACH FL 33426

Mailing Address

2240 WOOLBRIGHT ROAD
SUITE 205
BOYNTON BEACH FL 33426-6363

2. Principal Place of Business

200 KNUTH RD

3. Mailing Address

200 KNUTH RD

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

SUITE 112

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

65-0570937

Applied For

Not Applicable

Zip

33436

Country

PALM BCH

Zip

33436

Country

PALM BCH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACHAM, ROGER
7095 DAVIT CIRCLE
LAKE WORTH FL 33064

7. Name and Address of New Registered Agent

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

TITLE PD
NAME ACHAM, ROGER A
STREET ADDRESS 7095 DAVIT CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33447 ☐ Delete

TITLE VSD
NAME ACHAM, WENDY P
STREET ADDRESS 7095 DAVIT CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33447 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)