

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90049 011 ***150.00

DOCUMENT # **P95000027683** ✓
1. Entity Name
ROGER ACHAM INSURANCE AGENCY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7095 DAVIT CIRCLE Suite, Apt. #, etc.	3. Mailing Address 7095 DAVIT CIRCLE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL	City & State LAKE WORTH FL	4. FEI Number 65-0570937	Applied For Not Applicable
Zip 33467	Country PALM BCH	Zip 33467	Country PALM BCH
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROGER ACHAM
Street Address (P.O. Box Number is Not Acceptable)
7095 DAVIT CIRCLE
City **LAKE WORTH** **FL** Zip Code **33467**

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRESIDENT	TITLE ROGER ACHAM	TITLE 7095 DAVIT CIRCLE	TITLE LAKE WORTH FL 33467
TITLE VP / SEC.	TITLE WENDY ACHAM	TITLE 7095 DAVIT CIR	TITLE LAKE WORTH FL 33467
TITLE NAME	TITLE NAME	TITLE STREET ADDRESS	TITLE CITY-ST-ZIP
TITLE NAME	TITLE NAME	TITLE STREET ADDRESS	TITLE CITY-ST-ZIP
TITLE NAME	TITLE NAME	TITLE STREET ADDRESS	TITLE CITY-ST-ZIP
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like employment.

SIGNATURE:  **Roger Acham** 1/29/02 (561) 642-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #