

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90240 050 ***150.00

0424685 AV

DOCUMENT # P95000027683

1. Entity Name

ROGER ACHAM INSURANCE AGENCY, INC.



Principal Place of Business

**7095 DAVIT CIR
LAKE WORTH FL 33467**

Mailing Address

**7095 DAVIT CIR
LAKE WORTH FL 33467**

2. Principal Place of Business

Suite, Apt. #, etc.

9756 SADDLE CT

City & State

LK WORTH

Zip

33467

Country

PAUM BCH.

3. Mailing Address

Suite, Apt. #, etc.

9756 SADDLE CT

City & State

LK WORTH

Zip

33467

Country

PAUM BCH



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0570937

Applied For

Not Applicable

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 33467**

**CHANGE
OF
ADDRESS →**

7. Name and Address of New Registered Agent

Name

ACHAM, ROGER

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

9756 SADDLE CT.

City

LK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ACHAM, ROGER A**
STREET ADDRESS **7095 DAVIT CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33467** **9756 SADDLE CT**
LK WORTH FL 33467

TITLE **VSD** ☐ Delete
NAME **ACHAM, WENDY P**
STREET ADDRESS **7095 DAVIT CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33467** **9756 SADDLE CT**
LK WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

ROGER ACHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

737-3737

Daytime Phone #

CR2E034 (10/02)