

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077625

1. Entity Name

BUDGET INSURANCE OF QUINCY, INC.

FILED

00 SEP 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

215 W. JEFFERSON STREET
QUINCY FL 32351

215 W. JEFFERSON STREET
QUINCY FL 32351-2361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOW, WILLIAM A III
3421 MAHONEY DRIVE
TALLAHASSEE FL 32308

Name

KRISTOPHER SCOTT KREMKAU

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

Rt 3 Box 717 (Colonial Dr)

City

HAVANA

FL

Zip Code

32333

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.

Kristopher Scott Kremkau, Pres.

DATE

1/20/00

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 PV ☒ Delete
NAME DOW, WILLIAM A III
STREET ADDRESS 3421 MAHONEY DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ST ☒ Delete
NAME DOW, CAROL E
STREET ADDRESS 3421 MAHONEY DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME KRISTOPHER SCOTT KREMKAU
STREET ADDRESS Rt 3 Box 717 (Colonial Dr.)
CITY-ST-ZIP HAVANA FL 32333

TITLE SECRETARY ☒ Change ☐ Addition
NAME DANN H KREMKAU
STREET ADDRESS Rt 3 Box 717
CITY-ST-ZIP HAVANA, FL 32333

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

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

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

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

Kristopher Scott Kremkau

1/20/00

850-627-2727

Date

Daytime Phone #

CR2E034 (9/99)