

**FILED**

04-05-2001 90072 032 \*\*\*150.00

1. Entity Name  
**STIBER INSURANCE SERVICES, INC.**

Mailing Address

4048 NW 62ND LANE  
CORAL SPRINGS FL 33067

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number **65-0657689**

Applied For

Not Applicable
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Country

Country

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name PAUL STIBER

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

3650 N FEDERAL HWY 211

HOUSE POINT FL

Zip Code

32064

**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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME LUCY STIBER  
STREET ADDRESS 4048 NW 62 LANE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

0492800

CR2E034 (10/00)