

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90187 002 ***150.00

DOCUMENT # P96000024732

1. Entity Name

JIM KUEFLER INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

66 NO. UNIVERSITY DRIVE
 PINES FL 33024

66 NO. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024-6730

2. Principal Place of Business

5982 N.W. 77 DR.

Suite, Apt. #, etc.

3. Mailing Address

5982 N.W. 77 DR.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

4. FEI Number

65-0664075

Applied For

Not Applicable

Zip

33067

Country

BWD

Zip

33067

Country

BWD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUEFLER, JIM
66 NO. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

5982 N.W. 77 DR.

City

PARKLAND, FL

FL

Zip Code

33067

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

2/20/00

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KUEFLER, JIM**
 CITY-ST-ZIP **66 NO. UNIVERSITY DRIVE**
PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5982 N.W. 77 DR.**
 CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/00

CR2E034 (9/99)