

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027616

1. Entity Name

SEMPEK INSURANCE, INC.

f

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 035 \*\*\*150.00

Principal Place of Business

776 W. LUMSDEN ROAD, SUITE 101  
BRANDON FL 33511

Mailing Address

776 W. LUMSDEN ROAD, SUITE 101  
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3366391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SEMPEK-THOMAS G  
776 W. LUMSDEN ROAD, SUITE 101  
BRANDON FL 33511

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEMPEK, THOMAS G  
776 W. LUMSDEN ROAD, SUITE 101  
BRANDON FL 33511 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEMPEK, LAURIE  
776 W. LUMSDEN ROAD, SUITE 101  
BRANDON FL 33511 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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

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

7/19/2000

813-689-1019

RAPID MEMO

B0103519

SEMPEK INSURANCE, INC.  
776 W. LUMSDEN RD., STE. 101  
BRANDON, FL. 33511  
(813) 689-1019

P96000027616

TO

Dept of State

DATE

7-19-2000

SUBJECT

Please be advised that no billing was  
Received in Jan 2000 and that is why not  
paid. Please be further advised that  
prompt payment has always been paid  
in January. We do not understand what happened.  
Please accept payment of \$150.00 now.

Owner/Agent