

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077593

1. Entity Name

TERM INSURANCE MKTPLACE, INC.

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 037 ***150.00

Principal Place of Business

2810 E OAKLAND PARK BLVD
#304
FT LAUDERDALE FL 33306
US

Mailing Address

2810 E OAKLAND PARK BLVD
#304
FT LAUDERDALE FL 33306
US

2. Principal Place of Business

2626 E. OAKLAND PK BLVD

3. Mailing Address

2626 E. OAKLAND PK BLVD

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

FT LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number

65-0214710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, D P
2810 E OAKLAND PARK BLVD
#304
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS 2810 E OAKLAND PARK BLVD #304
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE ☐ Delete
NAME D
STREET ADDRESS 2810 E OAKLAND PARK BLVD #304
CITY-ST-ZIP FORT LAUDERDALE FL 33306

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2626 E. OAKLAND PARK BLVD #501
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2626 E OAKLAND PARK BLVD #501
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

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 #

CR2E034 (10/00)