

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011743

1. Entity Name

ALBERTCO INSURANCE, INC.

Principal Place of Business

11441 LAKEVIEW DR.
CORAL SPRINGS FL 33071

Mailing Address

11441 LAKEVIEW DR.
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ALBERT, MITCHELL
4138 N.W. 88 AVENUE #203
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Mitchell Albert

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

11441 Lakeview Drive

City

Coral Springs

FL

Zip Code

33071

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)

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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	D	<input type="checkbox"/> Delete
NAME	ALBERT, MITCHELL	
STREET ADDRESS	4138 N.W. 88 AVENUE #203	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, RITA	
STREET ADDRESS	4138 N.W. 88 AVENUE #203	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell Albert	
STREET ADDRESS	11441 Lakeview Drive	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Albert	
STREET ADDRESS	11441 Lakeview Drive	
CITY-ST-ZIP	Coral Springs FL 33071	
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		
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 #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90303 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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