

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035019

1. Entity Name

INSURANCE PROVIDER WILL TRAVEL, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90040 013 ***155.00

Principal Place of Business

Mailing Address

1261 S.W. 71ST TERRACE
N LAUDERDALE FL 33068

1261 S.W. 71ST TERRACE
N LAUDERDALE FL 33068-3652

2. Principal Place of Business

3. Mailing Address

4239 West Commercial BD
Suite, Apt. #, etc.

4239 West Commercial BD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMARAC, FL
33319 Broward

TAMARAC, FL 33319
33319 Broward

4. FEI Number

65-0745823

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

KURABIESKI, JAMES
1261 S.W. 71ST TERRACE
N LAUDERDALE FL 33068

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 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, 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

TITLE D ☐ Delete
NAME KURABIESKI, JAMES
STREET ADDRESS 1261 S.W. 71ST TERRACE
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

James R Kurabieski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R Kurabieski Pres. 731-711-
2/4/00 Date Daytime Phone #