

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063823

1. Entity Name  
QUICK INSURANCE COMPANY, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90160 009 \*\*\*150.00

0331878

Principal Place of Business  
QUICK INSURANCE  
STE 2  
BOCA RATON FL 33496  
US

Mailing Address  
1906 CLINT MOORE RD  
BOCA RATON FL 33496  
US

00051742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Insurance Consultants*  
Suite, Apt. #, etc.  
*Suite 3*  
City & State  
*Boca Raton FL*  
Zip  
*33487* Country  
*USA*

3. Mailing Address  
*1200 Clint Moore Rd*  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number **65-0772560**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BELL, R.L.~~ **BEHL, R.L.**  
7300 NE 8TH AVE  
BOCA RATON FL 33487

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 *R. Behl* (NOTE: Registered Agent signature required when reinstating) DATE *4/24/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEHL, ROBERT L</b> <b>8080 TWIN LAK DRIVE</b> <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>BEHL, Robert L.</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *R. Behl* DATE: *4/24/01* 561 994 8920

CR2E034 (10/00)