

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092231

1. Entity Name
INSURANCE COORDINATING CONSULTANTS, INC.

Principal Place of Business
7821 N.W. 53 COURT
LAUDERHILL FL 33351

Mailing Address
7821 N.W. 53 COURT
LAUDERHILL FL 33351

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 65-0789752

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

ROBBINS, ERICKA A
7821 NW 53 CT
LAUDERHILL FL 33351

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 *Ericka A Robbins*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 1, 2002
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, 2002 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 P
NAME ROBBINS, ERICKA A
STREET ADDRESS 7821 NW 53 COURT
CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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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: *Ericka A Robbins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2002
Date
954-572-4754
Daytime Phone #

FILED

02 JUL -8 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Insurance Coordinating Consultants, Inc.
7821 N.W. 53 Court
Lauderhill, FL 33351
954-572-4754
earobbins@attbi.com

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 1, 2002

Dear sirs;

Enclosed please find the annual Uniform Business Report fee of \$150.00.

Please accept this letter as my request for a one-time pardon from the late fee. Because of family health emergencies, my attention has been diverted from my business. I had this indicated as paid when, in fact, it was not. I apologize for this oversight and implore you to see your way to allowing this one time forgiveness.

I appreciate your time and consideration in this matter.

Sincerely,



Ericka A. Robbins
Insurance Coordinating Consultants, Inc.