

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90149 042 \*\*\*150.00

**DOCUMENT # P97000092590**

1. Entity Name

**INSURANCE FOR YOU, INC.**

Principal Place of Business

Mailing Address

~~1892 ABBEY ROAD  
 STE. J  
 WEST PALM BEACH FL 33415  
 US~~

~~1892 ABBEY ROAD  
 STE. J  
 WEST PALM BEACH FL 33415-5688  
 US~~

2. Principal Place of Business

*1150 Okeechobee Blvd*

3. Mailing Address

*1150 Okeechobee Blvd*

Suite, Apt. #, etc.

*STE A*

Suite, Apt. #, etc.

*STE A*

City & State

*ROYAL PALM BEACH, FL*

City & State

*ROYAL PALM BEACH, FL*

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

*65-0339874*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~GARCIA, SILVIA C  
 1892 ABBEY ROAD  
 WEST PALM BEACH FL 33415~~

7. Name and Address of New Registered Agent

Name *(same) SILVIA C. GARCIA*

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

*1150 Okeechobee Blvd.*

*STE A*

City *Royal Palm Beach*

**FL**

Zip Code *33411*

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

*[Signature]*

*1-14-00*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b> GARCIA, SILVIA C	<del>1892 ABBEY ROAD</del>	<del>WEST PALM BEACH FL 33415</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>1150 Okeechobee Blvd., STE A</i>	<i>Royal Palm Beach, FL 33411</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 Ika empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-00*  
 DATE

*(561) 792-6471*  
 Daytime Phone #

CR2E034 (9/99)