

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 025 ***150.00

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DOCUMENT # **P97000092590**

1. Entity Name
INSURANCE FOR YOU, INC.



Principal Place of Business
**11150 OKEECHOBEE BLVD.
STE. A
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**121 PACER CIRCLE
WELLINGTON FL 33414
US**



2. Principal Place of Business
3927 JOG ROAD

3. Mailing Address
8999 ALEXANDRA CIRCLE

Suite/Apt./#/Etc.

Suite/Apt./#/Etc.

CHECK HERE IF MAKING CHANGES

City & State
Greenacres FL

City & State
Wellington FL

4. FEI Number **65-0339874**

Applied For
 Not Applicable

Zip **33467** Country **Palm Beach**

Zip **33414** Country **Palm Beach**

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 (New Address)

**GARCIA, SILVIA C
11150 OKEECHOBEE BOULEVARD
SUITE A
ROYAL PALM BEACH FL 33411**

new home address

Name **SILVIA C. GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
8999 ALEXANDRA CIRCLE
City **Wellington FL** Zip Code **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE **4/22/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D PRESIDENT, TREASURY** Delete
NAME **GARCIA, SILVIA C**
STREET ADDRESS **11150 OKEECHOBEE BLVD. STE. A**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PRESIDENT, TREASURY** Change Addition
NAME **GARCIA, SILVIA C.** *Address*
STREET ADDRESS **3927 JOG ROAD**
CITY-ST-ZIP **GREENACRES, FL 33467**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT-COMMERCIAL** Change Addition
NAME **SPOTS, LYNNE**
STREET ADDRESS **3927 JOG ROAD**
CITY-ST-ZIP **GREENACRES, FL 33467**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT-MARKETING** Change Addition
NAME **GARCIA, SUZETTE C.**
STREET ADDRESS **3927 JOG ROAD**
CITY-ST-ZIP **GREENACRES, FL 33467**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **PRESIDENT**

DATE **4/22/03** (501) 792-6471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)