

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063663

1. Entity Name
THE ORCHID INSURANCE AGENCY, INC.

Principal Place of Business
2801 OCEAN DR
STE 202 B
VERO BEACH FL 32963
US

Mailing Address
2911 OCEAN DRIVE
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

2801 Ocean DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 202 B

City & State

City & State

VERO BEACH FL

Zip

Country

Zip

32963

Country

Indian River

4. FEI Number

65-0818753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, KENNON
1443 20TH STREET
SUITE F
VERO BEACH FL 32960

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, 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

TITLE VS
NAME HENDRIX, C. KENNON ☐ Delete
STREET ADDRESS 1443 20TH STREET, SUITE F
CITY-ST-ZIP VERO BEACH FL 32960

TITLE PT
NAME STRUVE, JOHN M ☐ Delete
STREET ADDRESS 2911 OCEAN DR
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

John M Struve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02
Date

561 231 2022
Daytime Phone #

0128065 AV

CR2E034 (9/01)