

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 06, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000081421

1. Entity Name
PENNY S. DOMBECK, AGENCY, INC.

Principal Place of Business 6693 WEST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437	Mailing Address 6693 WEST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437
--	--

2. Principal Place of Business 6693 WEST BOYNTON BEACH BLVD.	3. Mailing Address 10500 NW 67TH COURT
Suite, Apt. #, etc. ALLSTATE	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH FL	City & State PARKLAND FL	4. FEI Number 65-0865063	Applied For <input type="checkbox"/> Not Applicable
Zip 33437	Country US	Zip 33076	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

DOMBECK PENNY S
6693 WEST BOYNTON BEACH BLVD.

BOYNTON BEACH FL 33437
US

7. Name and Address of New Registered Agent

Name
DOMBECK PENNY S
Street Address (P.O. Box Number is Not Acceptable)
10500 NW 67TH COURT

City
PARKLAND FL Zip Code
33076

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 **PENNY S. DOMBECK**

01/06/2001

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHULZE CONSTANCE R <input type="checkbox"/> Delete 6617 AMBERWOODS DR BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULZE C. DON <input type="checkbox"/> Delete 6617 AMBERWOODS DR BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMBECK JEFFREY M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 NW 67TH COURT PARKLAND FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DOMBECK PENNY S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 NW 67TH COURT PARKLAND FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Penny S. Dombeck**

Pres **01/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)