

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90958 009 ***150.00

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1. Entity Name

BARBARA SMITH MARTIN INSURANCE AGENCY, INC.



Principal Place of Business

8612 N.W. 44TH STREET
SUNRISE FL 33151

Mailing Address

8612 N.W. 44TH STREET
SUNRISE FL 33151 *Correct*

2. Principal Place of Business

3. Mailing Address

9360 W. Commercial Blvd

9360 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

FL

4. FEI Number

65-0872321

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

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

SMITH MARTIN, BARBARA
8612 N.W. 44TH STREET
SUNRISE FL 33151

Name

Smith, Martin, Barbara

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

9360 W. Commercial Blvd

City

SUNRISE

FL

Zip Code

33351

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

Barbara Smith Martin

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 ☐ Delete
NAME SMITH MARTIN, BARBARA
STREET ADDRESS 8612 N.W. 44TH STREET
CITY-ST-ZIP SUNRISE FL 33151

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

TITLE D ☐ Delete
NAME MARTIN, KENNETH E
STREET ADDRESS 8612 N.W. 44TH STREET
CITY-ST-ZIP SUNRISE FL 33151

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other time empowered.

SIGNATURE:

Barbara Smith Martin

Barbara Smith Martin 4/22/03 954 741-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)