

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001823

1. Entity Name

JIM BEZDEK INSURANCE AGENCY, INC.

Principal Place of Business

1978 S TAMiami TRAIL
VENICE FL 34293

Mailing Address

1978 S TAMiami TRAIL
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0886583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEZDEK, JIM
1978 S TAMiami TRAIL
VENICE FL 34293

7. Name and Address of New Registered Agent

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, 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 P
NAME BEZDEK, JIM
STREET ADDRESS 1978 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE VP
NAME BAZDEK, JAMES B
STREET ADDRESS 1978 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE S
NAME BEZDEK, BARBARA
STREET ADDRESS 1978 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE T
NAME BEZDEK, TAMONY B
STREET ADDRESS 1978 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME BEZDEK, JAMES B.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME BEZDEK-WUELNER, TAMONY
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

Jim Bezdek
JIM BEZDEK

PRESIDENT

2/26/01

941/493-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0418214



DO NOT WRITE IN THIS SPACE