

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008378

1. Entity Name

JEFF COMBS INSURANCE, INC.

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90063 029 ***150.00

Principal Place of Business

267 NO. COLLIER BLVD., STE. G
MARCO ISLAND FL 34145

Mailing Address

267 NO. COLLIER BLVD., STE. G
MARCO ISLAND FL 34145

2. Principal Place of Business

4700 N Tamiami Trl.

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

Naples FL

City & State

1

Zip

34103

Country

USA

Zip

Country

4. FEI Number

59-3554191

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMBS, JEFF
267 NO. COLLIER BLVD., STE. G
MARCO ISLAND FL 34145

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 Jeff A. Combs

President

3-13-01

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	D	<input type="checkbox"/> Delete
NAME	COMBS, JEFF	
STREET ADDRESS	267 NO. COLLIER BLVD., STE. G	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMBS, TIA A	
STREET ADDRESS	267 N COLLIER BLVD STE G	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4700 N Tamiami Trl #7B	
CITY-ST-ZIP	Naples FL 34103	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4700 N Tamiami Trl #7B	
CITY-ST-ZIP	Naples FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tia A Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

941 2632331

Daytime Phone #

CR2E034 (10/00)