

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90913 020 ***150.00

DOCUMENT # P99000008378

1. Entity Name
JEFF COMBS INSURANCE, INC.

Principal Place of Business

4700 N TAMAMI TRAIL
7B
NAPLES FL 34103

Mailing Address

4700 N TAMAMI TRAIL
7B
NAPLES FL 34103

2. Principal Place of Business

4700 N Tamiami Trl
Suite, Apt. #, etc.
7 B

3. Mailing Address

5481 Harborage Dr.
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Fort Myers FL

Zip

34103

Country

USA

Zip

33908

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)

5481 Harborage Drive

City

Fort Myers FL

Zip Code

33908

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 Combs Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-02

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	D	<input type="checkbox"/> Delete
NAME	COMBS, JEFF	
STREET ADDRESS	4700 N TAMAMI TRAIL #7B	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMBS, TIA A	
STREET ADDRESS	4700 N TAMAMI TRAIL #7B	
CITY-ST-ZIP	NAPLES FL 34103	
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	5481 Harborage Drive	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5481 Harborage Drive	
CITY-ST-ZIP	Fort Myers, FL 33908	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tia A Combs

Date

Daytime Phone #

941 2632331

CR2E034 (9/01)