

2002 UNIFORM BUSINESS REPORT (UBR)

0081357 AV

FILED

02 OCT 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000020951

1. Entity Name
THE BOCA INSURANCE GROUP, INC.

Principal Place of Business
833 S.E. 9TH STREET
DEERFIELD BEACH FL 33441

Mailing Address
833 S.E. 9TH STREET
DEERFIELD BEACH FL 33441

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 65-0902833

Applied For
Not Applicable

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

JORGENSEN, LARRY B
10273 HIDDEN SPRINGS CT.
BOCA RATON FL 33498

Name Larry B. Jorgensen
Street Address (P.O. Box Number is Not Acceptable)
833 SE 9th Street
City Deerfield Beh FL Zip Code 33441

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 Larry B. Jorgensen - President

DATE 10-9-02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00

After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JORGENSEN, LARRY B
STREET ADDRESS 10273 HIDDEN SPRINGS COURT
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE change Address ☒ Change ☐ Addition
NAME
STREET ADDRESS 833 SE 9th St
CITY-ST-ZIP Deerfield Beh, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500008564225
10/24/02--01033--003 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

10-9-02

CR2E034 (4/02)

TO WHOM IT MAY CONCERN :

PLEASE let it be known that BOEA Insurance did not receive notice prior to receiving a FINAL notice in regards to our UNIFORM BUSINESS REPORT Filing. In my conversation with JUSTIN S. AT xt. 2456059, he advised us to send payment with this notice and all would be handled. Please see that our filing is done as soon as possible and thank you for the understanding.

Sincerely
Larry B. Jorgensen
