2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028221

Entity Name

WESTON INSURANCE AGENCY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State
06-06-2000 90008 044 ***150.00

Principal Place of Business	Mailing Address
1980 S W 22 COURT VIE, FL 33325	11980 S W 22 COURT DAVIE, FL 33325

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1019031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTON INSURANCE AGENCY, INC.
11980 S W 22 COURT,
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: DARRELL BRAHAM STREET ADDRESS: 11980 S W 22 COURT CITY-ST-ZIP: DAVIE, FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 Date Daytime Phone #

Doc # P99000028221

308208

WESTON INSURANCE AGENCY INC.
11980 SW 22 COURT
DAVIE FL 33325

July 7 2000

Florida Dept Of State
Division of Corporations
P O Box 6327
Tallahassee
FL 32314

Dear Sir / Madam

Please find enclosed the EIN # for the above corporation which is 65-1019031

My apologies for the delay in obtaining the number but the company has been inactive and it did not seem necessary to have an Employer # when we had no employees

Yours truly

Darrell Braham