

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90020 042 \*\*\*150.00

DOCUMENT # P99000094993

1. Entity Name

DEPENDENTS INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business

151 MARY ESTHER BOULEVARD, SUITE 301  
MARY ESTHER FL 32569

Mailing Address

POST OFFICE BOX 100  
FORT WALTON BEACH FL 32549

941059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

632 PELICAN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

FL

4. FEI Number

59-3605071

Applied For

Not Applicable

Zip

32548

Country

OKALOOSA

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CROSBY, JAMES E 151 MARY ESTHER BOULEVARD, SUITE 301 MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CROSBY, DENISE L 151 MARY ESTHER BOULEVARD, SUITE 301 MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CROSBY, JAMES E. 632 PELICAN DRIVE FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CROSBY, DENISE L. 632 PELICAN DRIVE FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(James E. Crosby - President)

3-20-01

Date

850 6642882

Daytime Phone #

CR2E034 (10/00)