

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90031 006 ***550.00

DOCUMENT # P99000106690

1. Entity Name
FIRST CHOICE INSURANCE, INC.

Principal Place of Business
8583 S U.S. 1
PORT ST. LUCIE FL 34952

Mailing Address
8583 S U.S. 1
PORT ST. LUCIE FL 34952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968942**

Applied For
 Not Applicable

Zip Country

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

PRICE, RAYMOND
8589 S US 1
PORT ST. LUCIE FL 34952

Name **PAULA Jo Wright**
 Street Address (P.O. Box Number is Not Acceptable)
3491 Roselawn Blvd
 City **FORT Pierce** **FL** Zip Code **34982**

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

(NOTE: Registered Agent signature required when reinstating)

9/7/01
 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 \$550.00
After September 12, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, RAYMOND	
STREET ADDRESS	1949 MILLBROOK TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, GORDON B	
STREET ADDRESS	522 S.E. KEYS STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	President	<input type="checkbox"/> Delete
NAME	Paula Jo Wright	
STREET ADDRESS	3491 Roselawn Blvd	
CITY-ST-ZIP	FORT Pierce, FL 34982	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Susan M. White	
STREET ADDRESS	1508 CORONADO AVE	
CITY-ST-ZIP	FORT Pierce, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Jo Wright	
STREET ADDRESS	3491 Roselawn Blvd	
CITY-ST-ZIP	FORT Pierce, FL 34982	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan White	
STREET ADDRESS	1508 CORONADO AVE	
CITY-ST-ZIP	FORT Pierce FL 34982	
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: *Paula Jo Wright* **9/7/01** **561-336347**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)