

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43591

1. Entity Name

INSURANCE & INVESTMENT PLANNING, INC.

Principal Place of Business

9951 ATLANTIC BLVD
#212
JACKSONVILLE FL 32225
US

Mailing Address

9951 ATLANTIC BLVD
#212
JACKSONVILLE FL 32225
US

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90034 041 ***150.00

953210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9951 Atlantic Blvd
Suite 250 B

3. Mailing Address

9951 Atlantic Blvd
Suite 250 B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Florida

Jacksonville Florida

Zip

Country

Zip

Country

32225

USA

32225

USA

4. FEI Number 59-3062815

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

FERRELLI, LANCE A
2014 CAPISTRANO DR
JACKSONVILLE FL 32224

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 **D** ☐ Delete
NAME **FERRELLI, LANCE A.**
STREET ADDRESS **2014 CAPISTRANO DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lance Ferrelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-01 904-727-7653

CR2E034 (10/00)