

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90285 045 ***150.00

DOCUMENT # S97660

1. Entity Name

ALAN PATTEE INSURANCE AGENCY, INC.

Principal Place of Business

**3897 NORTH HAVERHILL ROAD
SUITE 127
WEST PALM BEACH FL 33417**

Mailing Address

**3897 NORTH HAVERHILL ROAD
SUITE 127
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3933 N HAVERHILL RD

3. Mailing Address

3933 N HAVERHILL RD

Suite, Apt. #, etc.

STE 113

Suite, Apt. #, etc.

STE 113

City & State

W PALM BCH FL

City & State

W PALM BEACH FL

Zip

33417

Country

P BCH

Zip

33417

Country

P. BEACH

4. FEI Number

65-0300628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PATTEE, ALAN

**3897 NORTH HAVERHILL ROAD
SUITE 127
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name

PATTEE, ALAN

Street Address (P.O. Box Number is Not Acceptable)

3933 N HAVERHILL RD

STE 113

City

W PALM BEACH

FL

Zip Code

33417

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, 2002 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

TITLE **PTDC** ☐ Delete
NAME **PATTEE, ALAN**
STREET ADDRESS **3897 N HAVERHILL RD STE 127**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VS** ☐ Delete
NAME **PATTEE, IRELYS R**
STREET ADDRESS **3897 NORTH HAVERHILL ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 561640 5920

CR2E034 (9/01)