

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90111 044 ***150.00

DOCUMENT # V60915

1. Entity Name **INS AMERICA, INCORPORATED**
WILSON BOBERT T

Principal Place of Business
197 LAKE BREEZE CIRCLE
LAKE MARY FL 32746
US

Mailing Address
197 LAKE BREEZE CIRCLE
LAKE MARY FL 32746
US

2. Principal Place of Business
6707 Bell Glade Place
 Suite, Apt. #, etc.

3. Mailing Address
6707 Bell Glade Place
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
 Zip
32277

Country
USA

City & State
Jacksonville, FL
 Zip
32277

Country
USA

4. FEI Number **59-3146021**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, ROBERT J
197 LAKE BREEZE CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Stephenie Combs**
 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 \$550.00
After September 13, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, ROBERT J.	
STREET ADDRESS	197 LAKE BREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, DEBORAH C.	
STREET ADDRESS	197 LAKE BREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	COMBS, STEPHENIE	
STREET ADDRESS	197 LAKE BREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: **Stephenie Combs**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 **(407) 698-6798**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
ID# V60915

878057

To whom it may concern:

We did not receive the initial notice in January. Please

find enclosed a check for \$150.00. Per a conversation with

Jo on 9/9/02 we were told to enclosed this letter with

the original amount owed.

Thank you,

Stephanie Combs