2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000012988

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90298 044 ***150.00

SEBAS	HAN INSURANCE, INC.						, o - , o - , o	
734 S. FLE	lace of Business EMING STREET N FL 32958	734 S.	Mailing Address 734 S. FLEMING STREET SEBASTIAN FL 32958					
2. Principa	l Place of Business	3. Mailir	ng Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State			4. FEI Number			
Zip	Country	Zip		Country	y	59-3382335		Not Applicable
	6. Name and Address of Curren	Registered	Agent			5. Certificate of Status Desired	Fee Re	5 Additional equired
VEVC 5			Agent		Name	7. Name and Address of New Ro	egistered Agent	
KEYS, DONNA A 734 S. FLEMING STREET SEBASTIAN FL 32958			Street Address (P.C			O. Box Number is Not Acceptable))	
<u> </u>					City		CI Zin	Code
8. The above	e named entity submits this statement for ations of registered agent.	or the purposi	e of changing its	registered	office or registere	d agent, or both, in the State of Flor	FL Zip	with and accept
SIGNATURE							race Carring	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicat	ole. (NOTE:	Registered Ag	gent signature required w	hen reinstating)	DATE	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Fina Trust Fund Contribution.		65.00 May Be
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	KEYS, DONNA A 734 S. FLEMING STREET SEBASTIAN FL 32958		☐ Delete	TITLE NAME STREET AG CITY-ST-			☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Chan	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Delete ~	TITLE NAME STREET AD CITY-ST-Z	DRESS		: Chan	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADD CITY-ST-ZI	1		[] Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP			☐ Chang	e Addition
12. I hereby ce	rtify that the information supplied with the	is filing does	not qualify for the	o ovomnti-	n otata d in O			

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUPE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-589-1110