

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000737**

1. Entity Name

**INSURANCE ADVISORY SERVICES, LTD.**

Principal Place of Business

**615 A1A, SUITE 102  
PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O. BOX 757  
PONTE VEDRA BEACH FL 32004-0757**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR -7 PM 12:36



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NO-1-U-NO, INC.  
615 A1A, SUITE 102  
PONTE VEDRA BEACH FL 32082**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000095506**  
NAME **NO-1-U-NO, INC.**  
STREET ADDRESS **615 A1, SUITE 102**  
CITY - ST - ZIP **PONTE VEDRA BEACH FL 32082**

DOCUMENT #  
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CITY - ST - ZIP

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STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

STREET ADDRESS

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*mf 3/20/00*

**000003179140-3**  
**-03/22/00--01014--015**  
**\*\*\*\*141.25 \*\*\*\*141.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3-2-2000*

Date

*904-273-5724*

Daytime Phone #

CR2E003 (9/99)