

2003 LIMITED PARTNERSHIP 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**

FILED
2003 FEB 25 AM 11:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

200 SOLANA ROAD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Ponte Vedra Beach FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

32082

USA

Zip

Country

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

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

2-21-03 904-273-5774

CR2E003 (10/02)