

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000005658

FILED
Jan 15, 2003
Secretary of State

Entity Name: CTK INSURANCE SERVICES, INC.

Current Principal Place of Business:

1240 N LAKEVIEW AVE
SUITE 240
ANAHEIM, CA 32807 US

Current Mailing Address:

P.O. BOX 17669
ANAHEIM, CA 92817 US

New Principal Place of Business:

1240 N LAKEVIEW AVE
SUITE 240
ANAHEIM, CA 92807 US

New Mailing Address:

FEI Number: 33-0065867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, MARIA C
144 WOODRIDGE TRAIL
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, CHARLES T
Address: 20435 VIA CADIZ
City-St-Zip: YORBA LINDA, CA 92886

Title: SD () Delete
Name: KELLY, CAROL A
Address: 20435 VIA CADIZ
City-St-Zip: YORBA LINDA, CA 92886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T. KELLY

PD

01/15/2003

Electronic Signature of Signing Officer or Director

Date