

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000004590

FILED  
Jan 15, 2003  
Secretary of State

Entity Name: CIC INSURANCE BROKERS, INC.

## Current Principal Place of Business:

P.O. BOX 17669  
ANAHEIM, CA 92817

## New Principal Place of Business:

1240 NORTH LAKEVIEW AVENUE  
SUITE #250  
ANAHEIM, CA 92807

## Current Mailing Address:

P.O. BOX 17669  
ANAHEIM, CA 92817

## New Mailing Address:

1240 NORTH LAKEVIEW AVENUE  
SUITE #250  
ANAHEIM, CA 92807

FEI Number: 95-3212029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, MARIA C  
114 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