2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90959 013 ***150.00

DOCUMENT # M93726

1. Entity Name
AMERICAN INSURANCE SERVICES CORPORATION

Principal Place of Business	Mailing Address
1300 E BROWARD BLVD. STE 2 P O BOX 4848 FT. LAUDERDALE FL 33338	1300 E BROWARD BLVD. STE 2 P O BOX 4848 FT. LAUDERDALE FL 33338

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
941 N.E. 19TH AVENUE	941 N.E. 19TH AVENUE
Suite, Apt. #, etc.: SUITE 306	Suite, Apt. #, etc.: SUITE 306
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33304 Country: U.S.A.	Zip: 33304 Country: U.S.A.

4. FEI Number 65-0066773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERLOFF, JOHN W. 1177 S.E. THIRD AVE. FT. LAUDERDALE FL 33316	Name: R. MITCH RENFROE Street Address (P.O. Box Number is Not Acceptable): 941 N.E. 19TH AVENUE, SUITE 306 City: FORT LAUDERDALE FL Zip Code: 33304

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: R Mitch Renfroe R. MITCH RENFROE, PRESIDENT 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RENFROE, R. MITCH 717 NE 18TH AVENUE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, ART 1313 SOUTH ANDREWS AVE FT. LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD RENFROE, VIRGINIA 717 NE 18TH AVENUE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERLOFF, CYNTHIA L 421 ISLE OF CAPRI FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Mitch Renfroe SIGNATURE REQUIRED R. MITCH RENFROE, PRESIDENT 2/25/03 954-761-2337 x 14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #