

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90016 036 ****61.25

UBR/616

DOCUMENT # N99000005605

1. Entity Name

WINDSTORM INSURANCE NETWORK, INC.

Principal Place of Business

Mailing Address

**3375 TOMPKINS ST
 PENSACOLA FL 32504**

**3375 TOMPKINS ST
 PENSACOLA FL 32504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOEHM, J RICHARD
 220 S RIDGEWOOD AVE, SUITE 301
 DAYTONA BEACH FL 32114**

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: SCHMITZ, WILLIAM P STREET ADDRESS: 7077 BONNEVAL RD STE 220 CITY-ST-ZIP: JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE: President NAME: Johns, Joe STREET ADDRESS: 3164 Bernath Dr. CITY-ST-ZIP: Milton FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JOHNS, JOE STREET ADDRESS: 3164 BERNATH DR CITY-ST-ZIP: MILTON FL 32583 <input type="checkbox"/> Delete	TITLE: Vice President NAME: Brown, Janet, Esq. STREET ADDRESS: 101 Southall Lane # 375 CITY-ST-ZIP: Maitland FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BROWN, JANET L ESQ STREET ADDRESS: 101 SOUTHALL LN STE 375 CITY-ST-ZIP: MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE: Secretary NAME: Leisure, Rebecca STREET ADDRESS: 12157 W. Linebaugh Ave. # 346 CITY-ST-ZIP: Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MORGAN, MIKE STREET ADDRESS: 2180 ST RD 434, STE 2140 CITY-ST-ZIP: LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE: Treasurer NAME: Morgan, Mike STREET ADDRESS: 2180 W. state Rd 434 # 2140 CITY-ST-ZIP: Longwood FL 32779 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: _____

Signature Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02
 Date

407/862-6007
 Daytime Phone #

CR2E037 (9/01)