

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90179 011 ***150.00

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1. Entity Name
CAREFREE INSURANCE SERVICES, INC.



Principal Place of Business
399 N.W. 87TH TERR.
CORAL SPRINGS FL 33071

Mailing Address
2828 CROASDAILE DRIVE
DURHAM NC 27705

10028390



2. Principal Place of Business

300 SOUTH PARK RD
FIRST FLOOR

City & State
HOLLYWOOD FL

Zip Country
33021 USA

3. Mailing Address

300 SOUTH PARK RD
FIRST FLOOR

City & State
HOLLYWOOD FL

Zip Country
33021 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2750548

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, CATHI C
215 S. MONROE ST., 2ND FLOOR
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. (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

TITLE PD
NAME VANNOTE, ARTHUR J Delete
STREET ADDRESS 399 N.W. 87TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE STD
NAME WEGNER, ANITA S Delete
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE D
NAME PODOLSKY, SHERMAN M.M.D. Delete
STREET ADDRESS 500 W. CYPRESS CREEK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Original Signature Required
ANITA S WEGNER

1-30-03

Date

919-768-9101

Daytime Phone #

CR2E034 (10/02)