

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90359 020 ***150.00

DOCUMENT # P94000057116

1. Entity Name
CF INSURANCE SERVICES, INC.

Principal Place of Business 308 OLD DIXIE HWY APOPKA FL 32712 US	Mailing Address 308 OLD DIXIE HWY APOPKA FL 32712 US
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BU039731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3260662	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
**DECLUE, LESTER
 13724 COUNTRY CLUB DR
 TAVARES FL 32778**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE P	<input type="checkbox"/> Delete	NAME DECLUE, LESTER	STREET ADDRESS 13724 COUNTRY CLUB DR	CITY-ST-ZIP TAVARES FL 32778
TITLE SD	<input type="checkbox"/> Delete	NAME DECLUE, CHRISTOPHER	STREET ADDRESS 171 WEST ORANGE STREET	CITY-ST-ZIP APOPKA FL 32703
TITLE T	<input type="checkbox"/> Delete	NAME ST GERMAIN, MELINDA	STREET ADDRESS 171 W ORANGE ST	CITY-ST-ZIP APOPKA FL 32703
TITLE VD	<input type="checkbox"/> Delete	NAME DECLUE, SUE ANN	STREET ADDRESS 13724 COUNTRY CLUB DR	CITY-ST-ZIP TAVARES FL 32778
TITLE 	<input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	<input type="checkbox"/> Delete	NAME 	STREET ADDRESS 	CITY-ST-ZIP

TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jonathan DeClue	STREET ADDRESS 308 Old Dixie Hwy.	CITY-ST-ZIP Apopka, FL 32712
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DeClue, Christopher	STREET ADDRESS 308 Old Dixie Hwy.	CITY-ST-ZIP Apopka, FL 32712
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME St. Germain, Melinda	STREET ADDRESS 3408 Kilbarnock Dr.	CITY-ST-ZIP Apopka, FL 32712
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME DeClue, Matthew	STREET ADDRESS 308 Old Dixie Hwy.	CITY-ST-ZIP Apopka, FL 32712
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	STREET ADDRESS 	CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other information provided.

SIGNATURE: *Lester DeClue* **Lester DeClue, Pres.** 4-24-01 407-984-7843

CR2E034 (10/00)