

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90050 024 ***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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1189
 Suite, Apt. #, etc.

City & State
Apopka, FL

4. FEI Number **59-3260662**
 Applied For
 Not Applicable

Zip **32704** Country **USA**

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 **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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DECLUE, LESTER	13724 COUNTRY CLUB DR	TAVARES FL 32778				
SD	DECLUE, CHRISTOPHER	308 OLD DIXIE HWY	APOPKA FL 32712				
TD	ST GERMAIN, MELINDA	3408 KILMARNOCK DR	APOPKA FL 32712				
VD	DECLUE, SUE ANN	13724 COUNTRY CLUB DR	TAVARES FL 32778				
D	DECLUE, JONATHAN	308 OLD DIXIE HWY	APOPKA FL 32712				
D	DECLUE, MATTHEW	308 OLD DIXIE HWY	APOPKA FL 32712				

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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424-02 407-884-7843

Date Daytime Phone #

CR2E034 (9/01)