2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90111 025 ***150.00

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DOCUMENT # P95000050326

1. Entity Name
SUDLER INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
300 S PINE ISLAND RD #247 PLANTATION FL 33324 US	300 S PINE ISLAND RD #247 PLANTATION FL 33324 US

2. Principal Place of Business		3. Mailing Address	
11555 HERON BAV BLVD		11555 HERON BAV BLVD	
Suite, Apt. #, etc.: STE. 200		Suite, Apt. #, etc.: STE. 200	
City & State: CORAL SPRINGS, FL		City & State: CORAL SPRINGS, FL	
Zip: 33076	Country: U.S.A.	Zip: 33076	Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0588651 ☐ 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
SUDLER, ROBERT A 300 S PINE ISLAND RD #247 PLANTATION FL 33324	Name: ROBERT A. SUDLER Street Address (P.O. Box Number is Not Acceptable): 11555 HERON BAY BLVD. STE 200 City: CORAL SPRINGS FL Zip Code: 33076

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] 4/1/03
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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUDLER, ROBERT A		NAME		
STREET ADDRESS	~~300 S PINE ISLAND RD #247~~		STREET ADDRESS	5034 N.W. 112TH WAY	
CITY-ST-ZIP	~~PLANTATION FL 33324~~		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED Robert A. Sudler President 4/1/03 954 424-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #