## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

P99000110500

05-05-2000 90105 003 \*\*\*150.00 FFP Insurance Services, Inc. Principal Place of Business Mailing Address 5209 San Jose Blvd. Same Suite 101 Jacksonville, Florida 32207 10055029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-4287745 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, Florida 33324 Zip Code FL 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, #rped or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirercent and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D ☐ Change TITLE ☐ Delete TITLE MichaelnG. Goldstein NAME NAME 695 Town Center Drive, 7th Floor STREET ADDRESS STREET ADDRESS Costa Mesa, CA 92626 CITY-ST-ZIP CITY-ST-7IP VP/S/T ☐ Delete TITLE ☐ Change NAME CraigeWaldenmaier NAME STREET ADDRESS STREET ADDRESS 695 Town Center Drive, 7th Floor CITY-ST-ZIP CITY-ST-ZIP Costa Mesa, CA 92626 TITLE ☐ Change X Addition ☐ Delete TITLE NAME David!'H. Hoffmann NAME STREET ADDRESS 695 Town Center Drive, 7th Floor STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Costa Mesa, CA 92626 Change X Addition TITLE Delete TITLE

3. 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 rece<sup>2</sup> 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 chapter does not an attachment with an address, with all other like empowered.

NAME

TITLE NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP .

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL G. Goldstein, President

4/14/00

Early Price Pritchett, III

Costa Mesa, CA 92626

695 Town Center Drive, 7th Floor

714-429-5636

Change

☐ Change

Daytime Phone #

FILED

May 05, 2000 8:00 am Secretary of State

CK2E034 (9/3

☐ Addition

☐ Addition