2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000066222

1. Entity Name

HOME BUILDERS INSURANCE SERVICES, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90134 028 ***150.00

					600 WE	180					
Principal Place of Business 5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256 US		Mailing Address 5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256 US 3. Mailing Address			·						
2. Principal Pla	ace of Business	3. Maii	ling Address								
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 59-342756)6	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Zip Co			untry 5.		ertificate of Status Desired		8.75 Ad ee Require	
	6. Name and Address of Current	Registere	Registered Agent			7. Name and Address of New Registered Agent					
				-	Name						
STEFFEY,	FRED H		Street A			Idress (P.O. Box Number is Not Acceptable)					
	THPOINT DR., SOUTH, #300		Street Additi			JG1050 (1 .					
	VILLE FL 32216-0913										1
JACKSON	VILLE 1 E 32210-0313				City				FL Zip Code		
					1						
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											
			<u> </u>						_	_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Trust Fund Contribution			00 May Be ed to Fees
<u> </u>	OFFICERS AND						L ADE	DITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	RS IN 11
10.		DIRECTO	Delete	TITL		_		3.110,10,01111			Addition
TITLE	D Petway, Thomas F III		□1 Delete	NAM		D		D Dot			AX
NAME STREET ADDRESS	5011 GATE PARKWAY STE 150			1	ET ADDRESS			F. Petway,		^	
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY	-ST-ZIP	1		ate Parkway	Ste 15	<u> </u>	
TITLE	D	-	☐ Delete	TITL	E .	Jax	-Fb	32256		☐ Change	Addition
NAME	FERGUSON, LEE			NAM	IE	l					}
STREET ADDRESS	5011 GATE PARKWAY STE 150			STR	EET ADDRESS						ļ
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY	-ST-ZIP			<u></u>			,
TITLE	D		☐ Delete	TITL	E					☐ Change	☐ Addition
NAME	PETWAY, ELIZABETH			- NAM	1E -	₹		·		v* ~	
STREET ADDRESS	5011 GATE PARKWAY STE 150	1			EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32256	.,,		CITY	'-ST-ZIP						
TITLE	D		☐ Delete	TITL						☐ Change	☐ Addition
NAME	FALOON, NANCY			NAM	me Eet address						
STREET ADDRESS	5011 GATE PARKWAY STE 150	l	·	- 1	CST-ZIP						ļ
CITY-ST-ZIP	JACKSONVILLE FL 32256			_						☐ Change	Addition
TITLE	D CAOTRANOVA PORERT		Delete	TITL		1					
NAME CARGET ADDRESS	CASTRANOVA, ROBERT	i			eet aodress						
STREET ADDRESS CITY-ST-ZIP	5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256	1			r-ST-ZIP						
	D		Delete	TITL	F	 				☐ Change	☐ Addition
TITLE NAME	EMANS, CHRISTOPHER F		□ Delete	NAN						•	
STREET ADDRESS	5011 GATE PARKWAY STE 150	}			EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32256				Y-ST-ZIP						
12. I hereby	certify that the information supplied wi	th this filin	g does not qualify fo	or the exe	emption sta	ited in Se	ection 1	119.07(3)(i), Florida Statut	es. I further cert	ify that the	information

indicated on this report or supplied with this fluing 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 empowers 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. If the appropriate the proposed in the corporation of the corporation of the receiver or trustee empowers in Block 10 or Block 11 if changed, or on an attachment with an address. If the appropriate in Block 10 or Block 11 if the corporation of the receiver or trustee empowers in Block 10 or Block 11 if the appropriate in Block 10 or Block 11 if the appropriate in Block 10 or Block 11 if the appropriate in Block 10 or Block 11 if the appropriate in Block 10 or Block 11 if the appropriate in Block 12 i

SIGNATURE:

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