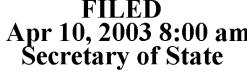
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 357007 HAIL INFORMATION SERVICES, INC.



Apr 10, 2003 8:0	0 am
Secretary of Sta	
04-10-2003 90476 001 *1,500.	00

					W. T.S.						
Principal Place of Business 140 S. ATLANTIC AVE SUITE 400 ORMOND BEACH FL 32176			Mailing Address 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176) 	
Principal Place of Business 3. Mailing Address						1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEt Number 59-1282999 Applied For Not Applicable					
Zip Country			Zip Co		5. Certificate of Status Desired				88.75 Add	ditional	
	6. Name and Addre	ss of Current Regi	istered Agent			7. 1	Name and Address of New Re				
	-	<u></u>			Name						
ORMOND RE GROUP, INC. (FORMERLY- FINANCIAL MANAGEMENT, INC.				Street Address ((P.O. B	lox Number is Not Acceptable)					
	LANTIC AVE., SUITE 4				<u> </u>						
	BEACH FL 32074				City	<u>_</u> _		FL	Zip Cod	ie	
	named entity submits the tions of registered agent.		purpose of changing its	egistere	ed office or register	red ag	ent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name	of registered agent and title	e if applicable. (NOTE:	Registere	1 Agent signature required	d when re	einstating)	DATE	<u> </u>		
	U.E. NOW!!! FEE IC	£450.00					I				
	ILE NOW!!! FEE IS r May 1, 2003 Fee will	•					9. Election Campaign Fina			0 Мау Ве	
	Repart to Florida D		ite				Trust Fund Contribution		Added	to Fees	
10.	OF	FFICERS AND DIRE	ECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTORS	S IN 11	
TITLE	SVTD	- <u>-</u>	☐ Delete	TITLE					Change	Addition	
NAME	LONG, WILLIAM T			NAMI							
STREET ADDRESS	140 S. ATLANTIC AV				ET ADDRESS					}	
CITY-ST-ZIP	ORMOND BEACH FL	. 321/6		-	·ST-ZIP		 				
TITLE	EVSD		☐ Delete	TITLE	J				Change	☐ Addition	
NAME STREET ADDRESS	DEINER, JOHN	E CHITE 400		NAME	ET ADDRESS						
CITY-ST-ZIP	140 S. ATLANTIC AV ORMOND BEACH FL				ST-ZIP						
TITLE	PD	. 32170	☐ Delete	TITLE					□ Change	Addition	
NAME	BURT, W L		T Detere	NAME	ł				change	Addition	
	140 S. ATLANTIC AV	E., SUITE 400		I	ET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH FL			CITY-	ST-ZIP						
TITLE	SVD		☐ Delete	TITLE	<u> </u>				☐ Change	☐ Addition	
NAME	DIPARDO, ANTHONY			NAME	:						
STREET ADDRESS	140 S. ATLANTIC AV				ET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH FL	. 32176		CITY-	ST-ZiP						
TITLE			☐ Delete	TITLE	ſ				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME							
CITY-ST-ZIP					ET ADDRESS ST-ZIP					1	
			D Balas						☐ Change	- Addition	
TITLE NAME			☐ Delete	TITLE	- 1			,	change	☐ Addition	
STREET ADDRESS					T ADDRESS					1	
CITY-ST-ZIP					ST-ZIP					[
12. I hereby o	ertify that the information	supplied with this	filing does not qualify for t	he exer	nption stated in Se	ection 1	119.07(3)(i), Florida Statutes. I f	urther certif	v that the in	nformation	

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:

12003 Daytime Phone #