

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91135 020 ***158.75

DOCUMENT # 376930

1. Entity Name

FINANCIAL INSTITUTION INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1642 NORTH VOLUSIA AVE.
 STE. 202
 ORANGE CITY FL 32763
 US

1642 NORTH VOLUSIA AVE.
 STE. 202
 ORANGE CITY FL 32763
 US

2. Principal Place of Business

294 TREEMONTE DR

Suite, Apt. #, etc.

3. Mailing Address

294 TREEMONTE DR

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

4. FEI Number

59-3138380

Applied For

Not Applicable

Zip

32763

Country

VOLUSIA

Zip

32763

Country

VOLUSIA

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

WELLS, DENNIS
501 N. MAGNOLIA AVE
STE 200
ORLANDO FL 32801

Name

PATRICE MOHR

Street Address (P.O. Box Number is Not Acceptable)

294 TREEMONTE DR

City

ORANGE CITY

FL

Zip Code

32763

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]

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, 2001 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **COOPER, LISA**
 CITY-ST-ZIP **1642 NORTH VOLUSIA AVE. STE 202**
ORANGE CITY FL 32763

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **294 TREEMONTE DR**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] **Cooper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

386-774-1600

Daytime Phone #

CR2E034 (10/00)