

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 492914

FILED  
Jan 23, 2002 8:00 AM  
Secretary of State

Entity Name: ARDEN INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2911 CARDINAL DR.  
VERO BEACH, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3488  
VERO BEACH, FL 329643488 US

**New Mailing Address:**

FEI Number: 59-1637866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSS, GEORGE H.  
817 BEACHLAND BLVD  
VERO BEACH, FL US

**Name and Address of New Registered Agent:**

MOSS, GEORGE H.  
817 BEACHLAND BLVD  
VERO BEACH, FL 32963 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/23/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ARDEN JR., HAMILTON, G.  
Address: 2911 CARDINAL DR  
City-St-Zip: VERO BEACH, FL 32963

Title: P ( ) Delete  
Name: FELTEN, KENNETH D  
Address: 2911 CARDINAL DR.  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ARDEN JR., HAMILTON G  
Address: 2911 CARDINAL DR  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. FELTEN

Electronic Signature of Signing Officer or Director

P

01/23/2002

Date