

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90226 004 ***150.00

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1. Entity Name
INSURADYNE CORP.



Principal Place of Business
755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY FL 32795-5402

Mailing Address
755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY FL 32795-5402



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0761784**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

SILL, STEPHEN M
755 RINEHART RD
LAKE MARY FL 32746

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY UT 84117	<input type="checkbox"/> Delete
TITLE NAME TV SILL, STEPHEN M 5300 S. 360 W. - SUITE 200 SALT LAKE CITY UT 84123	<input type="checkbox"/> Delete
TITLE NAME VD QUIST, SCOTT M 7 WANDERWOOD WAY SANDY UT 84092	<input type="checkbox"/> Delete
TITLE NAME D CRITTENDEN, CHARLES 2334 FILMORE AVE OGDEN UT 84401	<input type="checkbox"/> Delete
TITLE NAME D MOODY, HOWARD C 1782 E FAUNSDALE DR SANDY UT 84092	<input type="checkbox"/> Delete
TITLE NAME VSD QUIST, G. ROBERT 5300 S. 360 W. - SUITE 200 SALT LAKE CITY UT 84123	<input type="checkbox"/> Delete

TITLE NAME C Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME PD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen M Sill **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/17/03 Daytime Phone #: 801-264-1060

CR2E034 (10/02)