

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90665 001 *1,800.00

0055608

DOCUMENT # 606113

1. Entity Name

DEALERS INSURANCE SERVICES, INC.

Principal Place of Business

5200 S WASHINGTON AVE
 TITUSVILLE FL 32780
 US

Mailing Address

5200 S WASHINGTON AVE
 TITUSVILLE FL 32780
 US

2. Principal Place of Business

1555 Semoran Blvd

Suite, Apt. #, etc.

3. Mailing Address

1555 Semoran Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-1884703

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, RONALD W
 5200 S WASHINGTON AVE
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name **Ronald W. Anderson**

Street Address (P.O. Box Number is Not Acceptable)
 1555 Semoran Blvd

City

Winter Park

FL

Zip Code

32792

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

Ronald W. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/01

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

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DOWNING, ROBERT J	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILL, MICHAEL A	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MONELLO, ALLEN	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GARY R	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GARY R	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREBEL, DONNA	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Clover	
STREET ADDRESS	1555 Semoran Blvd	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	CD, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Ernst	
STREET ADDRESS	1555 Semoran Blvd	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. J. Falcout, III	
STREET ADDRESS	1555 Semoran Blvd	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Siebel	
STREET ADDRESS	1555 Semoran Blvd	
CITY-ST-ZIP	Winter Park, FL 32792	

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:

Lillian Clover, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/01

(321) 261-0834

CR2E034 (10/00)