

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90066 003 ***150.00

DOCUMENT # 636399

1. Entity Name

INSURANCE CONSULTANTS & ANALYSTS, INC.

Principal Place of Business

Mailing Address

2324 CENTERVILLE RD
 PO BOX 12909
 TALLAHASSEE FL 32317-2909

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 PO BOX 12909
 TALLAHASSEE FL 32317-2909

00011348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2324 Centerville Rd
 Suite, Apt. #, etc.

P.O. Box 1220
 Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Glen Allen, VA

4. FEI Number

59-2439426

Applied For

Not Applicable

Zip

Country

Zip

Country

32308 U.S.

23060 U.S.

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

CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HUNT, SCOTT P	2324 CENTERVILLE ROAD	TALLAHASSEE FL	<input type="checkbox"/>
EP	HUNT, JOHN E JR	2324 CENTERVILLE RD	TALLAHASSEE FL	<input type="checkbox"/>
T	JILK, DAVID J	2324 CENTERVILLE RD	TALLAHASSEE FL	<input type="checkbox"/>
VP	HUNT, RICHARD T	2324 CENTERVILLE ROAD	TALLAHASSEE FL	<input type="checkbox"/>
VPD	KORMAN, TIMOTHY J	4235 INNSLAKE DR	GLEN ALLEN VA 23060	<input type="checkbox"/>
VP	ROGAL, ANDREW L	4235 INNSLAKE DR	GLEN ALLEN VA 23060	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DS	Walter L. Smith	4235 Innslake Dr.	Glen Allen, VA 23060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OVP	Martin Vaughan, III	4235 Innslake Dr.	Glen Allen, VA 23060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Walter L. Smith / 1/17/01 / 204 747 8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)