

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90226 011 \*\*\*150.00

0620858 AT

**DOCUMENT # 636399**

1. Entity Name

**INSURANCE CONSULTANTS & ANALYSTS, INC.**

Principal Place of Business

2324 CENTERVILLE RD  
 PO BOX 12909  
 TALLAHASSEE FL 32308

Mailing Address

2324 CENTERVILLE RD  
 P.O. BOX 1220  
 GLEN ALLEN VA 23060

1-7090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4951 Lake Brook Drive, Suite 500  
 GLEN ALLEN, VA

Suite, Apt. #, etc.

City & State

City & State

Glen Allen, VA

Zip

Country

Zip

Country

23060

4. FEI Number

59-2439426

Applied For

Not Applicable

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, 2002 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 P  
 STREET ADDRESS HUNT, SCOTT P  
 CITY-ST-ZIP 2324 CENTERVILLE ROAD  
 TALLAHASSEE FL

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

TITLE ☐ Delete  
 NAME EP  
 STREET ADDRESS HUNT, JOHN E JR  
 CITY-ST-ZIP 2324 CENTERVILLE RD  
 TALLAHASSEE FL

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS JILK, DAVID J  
 CITY-ST-ZIP 2324 CENTERVILLE RD  
 TALLAHASSEE FL

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS HUNT, RICHARD T  
 CITY-ST-ZIP 2324 CENTERVILLE ROAD  
 TALLAHASSEE FL

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

TITLE ☐ Delete  
 NAME VPD  
 STREET ADDRESS KORMAN, TIMOTHY J  
 CITY-ST-ZIP 4235 INNSLAKE DR  
 GLEN ALLEN VA 23060

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS ROGAL, ANDREW L  
 CITY-ST-ZIP 4235 INNSLAKE DR  
 GLEN ALLEN VA 23060

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

CR2E034 (9/01)