

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636607

1. Entity Name

INSURANCE SERVICES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90151 032 ***150.00

00045056



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 11394 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	Mailing Address P.O. BOX 11394 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	59-1930327	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent JONES, MATTHEW T ESQ. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
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	DC MORGAMAN, PHILIP E. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEAL 3251 WASHINGTON BLVD ARLINGTON VA 22201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENSON, MARK 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, DEBORAH S 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRUCE, WILLIAM D 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:	Mark Stephenson, President, 3/28/01 (954) 493 6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/00)

INSURANCE SERVICES, INC.

attachment
#636607
B0045056

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V
Name: Linda M. DiNapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D,V,S,T
Name: Joel Mutnick
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Peter Reo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309